9/4/25, 11:48 AM



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(((H250003168123)))



H25000316812348C

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOSSANTOS AND MACHADO, LLC

Account Number : I20140000089

Phone : (754)301-2128 Fax Number : (954)252-4650

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

Email Address: _____NFO@GFSTAXACCT.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FELIPE TOLEDO BUSINESS LLC

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Registration Section

TO:

COVER LETTER

(((H25000316812 3)))

Division of Co	rporations		
FELIPE T	OLEDO BUSINESS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GILVAM F DOS SANTO	s	
		Name of Person	
	GFS TAX & ACCOUNTI	NG SERVICES	
		Firm/Company	· ·-
	11764 W SAMPLE RD - 5		
		Address	
	CORAL SPRINGS, FL 33	065	
		City/State and Zip Code	
	INFO@GFSTAXACCT.CC	OM to be used for future annual report notif	Tcation)
For further information	concerning this matter, please c	al):	
GILVAM F DOS SANTOS		754 268 6771 at () Daytine	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address; Registration Sec	ction

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To: • ·

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H25000316812 3)))

2025 SEP -4 PM 1: 03

FELIPE TOLEDO BUSINESS LLC		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recommitted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con	mpany were filed on 09/08/2023	and assigned
Florida document number 1.23000420601	<u>-</u> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	·
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	City	Florida
	cúr	sup conc

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

To:

Page: 5 of 6

2025-09-04 15:55:39 GMT

19542524650

From: Juliana dos santos

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member (((H25000316812 3)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LIZA KEYKO UEMURA	7944 NEMOURS PARKWAY	■ Add
		ORLANDO, FL, ZIP 32827	□Remove
			□ Change
AMBR	FELIPE TOLEDO DI SERIO	7944 NEMOURS PARKWAY	⊡Add
		ORLANDO, FL, ZIP 32827	□Remove
			≅ Change
			□Add
			□Remove
			□Change
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Tective date, if other than the dan effective date is listed, the date must be det. If the date inserted in this block cument's effective date on the Department.	does not meet	the applicab	date of filing c le statutory f	or more than 9 iling require	(option: J days after fili ments, this d	al) ng.) Pursuant nte-will not l	to 605.0207 be fisted as	' (3) the
ecord specifies a delayed effective d is filed.	ate, but not an c	ffective time	c, at 12:01 a.	m, on the ea	fier of: (b)	The 90th da	y after the	
	20)25	. •					
August 29th								
ted August 29th	nature of a memb		Isr					

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