

## Florida Department of State

Division of Corporations Public Access System

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(((H090001637093)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AIT PLUS CONSULTING

Account Number : 120080000061

Phone : (407)582-9830

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FINANCIERA ADALEN, LLC

Certificate of Status	0
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JUL 17 2009

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HeIEXAMINER



July 16, 2009

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PLORIDA DEPARTMENT OF STATE Division of Corporations

FINANCIERA ADALEN, LLC 6000 TURKEY LAKE RD, STE 206 ORLANDO, FL 32819

SUBJECT: FINANCIERA ADALEN, LLC

REF: L08000059323

We received your electronically transmitted document. However, the received document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover energy.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H09000163709 Letter Number: 609A00024381

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## **COVER LETTER**

TO: Registration Se Division of Cor			
CUDITEÓT.	FINANCIEI	RA ADALEN, LLC	PE SE -
SUBJECT:		ted Liability Company	DE TA
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.	RY OF
Please return all correspo	ondence concerning this matter	to the following:	09 JUL 16 AM 8: 37 SECRETARY OF STATE FALLAHASSEE, FLORIF
	AN	ITONIO CAVALCANTI	
		Name of Person	
		NCIEIRA ADALEN, LLC	
		Firm/Company	·
		URKEY LAKE RD, STE 206	
		Address	
		ORLANDO, FL 32819	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notificati	on)
For further information	concerning this matter, please of	call:	
ANTON	IIO CAVALCANTI		5-4300
Name	of Person	Area Code & Daytime Te	elephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	[]\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)
Regis Divisi	LING ADDRESS: tration Section ion of Corporations	STREET/COURIER Registration Section Division of Corporation Clifton Building	•
	Box 6327 nassee, FL 32314	Chitton Building 2661 Executive Cente Tallahassee, FL 3230	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FINANCIERA ADALEN, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	06/16/2008	and assigned
Florida document numberL08000059323			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ollity company her	<u>-e</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	uny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	6000 TURKE	Y LAKE RD STE	206
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, F	-L 32819	
	***		
Enter new mailing address, if applicable:	6000 TURKE	Y LAKE RD STE	206
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, F	FL 32819	
8. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on o e:	our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
Name of New Registered Agent:			
New Registered Office Address:		. 202 4 2	
	Enter Florida street address		
		, Florida	
	City		Zip Code

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 608, 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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

4075829832

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = M	anaging Member	•	
<u>Title</u>	Name	Address	Type of Action
MGRM	A.C. Finance & T.A. Ltda.	R. Marques de Itu. 70 - Conj. 52 Vila Buarque - Sao Paulo Sao Paulo, Brazil 01223	[7] Add ☐ Remove
			Add Remove
			Add Remove
<u> </u>	· · ·		Add Remove
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D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessor	<b>~</b>
			FIL 09 JUL 16 SECRETARI
			6 AH 8::
Dated	15 July ,	2009	37 DA
	Signature of a r	member or anthorized representative of a member	····
		Antonio Cavalcanti Typed or printed name of signee	

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Filing Fee: \$25.00