L12000002105

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Section
	Division of Corporations

GUIMARAES HOLDINGS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph E. Seagle, Esq.

Name of Person

Joseph E. Seagle, P.A.

Firm/Company

924 W Colonial Dr

Address

Orlando, FL 32804

City/State and Zip Code

ggguimaraes83@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph E Seagle

407 373-7451

Name of Person

Area Code & Daytime Telephone 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)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUIMARAES HOLDINGS, LL		•
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our record orida Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liabi Florida document number <u>L12000002105</u>	lity Company were filed on January 5, 201	2 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	17.24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>s</u> e address here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	eet address
	, Flor	ida
-	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

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:

MGR = Manager MGRM = Managing Member

_{Title} Mgr	<u>Name</u> Marlene Santos Guimaraes	Address 2550 Grand Central Pkwy	Type of Action
<u>ivigi</u>		Unit 12	
		Orlando, FL 32839	Remove
			Add
			Remove
			_
			_
			Remove
			Add
		7.0	Remove
		A	
			Remove
		OR ALL] 2: 47
			Add
			Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
Da	ted June 7, 2013
	SIGNMENS
	Signature of a member or authorized representative of a member Gustavo Guimaraes, Manager / Representative of Member
	Typed or printed name of signee

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Filing Fee: \$25.00

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