

L12000002617

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JAN 17 2012
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NEVES ASSOCIATES 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:

RAFAEL GRACIANO BALDEZ NEVES

Name of Person

NEVES ASSOCIATES LLC

Firm/Company

6936 DELLA DR - STE 34

Address

ORLANDO, FL 32819-5407

City/State and Zip Code

RAFAEL@NEVESASSOCIATES.COM

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

For further information concerning this matter, please call:

RAFAEL GRACIANO BALDEZ NEVES

Name of Person

at (407)

496-9834

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**

FILED

NEVES ASSOCIATES LLC

2012 JAN 13 PM 2:48

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/06/2012 and assigned
Florida document number L12000002617.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6936 DELLA DR

(Principal office address MUST BE A STREET ADDRESS)

STE 34

ORLANDO, FL 32819-5407

Enter new mailing address, if applicable:

PO BOX 140682

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32814-0682

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

RAFAEL GRACIANO BALDEZ NEVES

New Registered Office Address:

6936 DELLA DR - STE 34

Enter Florida street address

ORLANDO

City

Florida

32819-5407

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MERCOSUR TRADERS CO	6936 DELLA DR. APT. 34 ORLANDO, FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RAFAEL NEVES	6936 DELLA DR STE 34 ORLANDO, FL 32819-5407	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JULIANA BOSELLI-NEVES	6936 DELLA DR STE 34 ORLANDO, FL 32819-5407	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JANUARY 9TH, 2011


Signature of a member or authorized representative of a member

RAFAEL GRACIANO BALDEZ NEVES

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA