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(Do	cument Number)	
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12 NOV 26 PM 5: 00

B. BOSTICK

NOV 2 7 2012

EXAMINER

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	Same Penning					
Name of Limited Liability Company						
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.					
Please ret	turn all correspondence concerning this matter to the following:					
	Name of Person					
	Firm/Company					
	GOLARDE REALTYILLO Firm/Company 6326 KINGS POINTE PLUY #6 Address					
	ORLANDO, F 32819 City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)					
For furthe	er information concerning this matter, please call:	~	e:			
	Name of Person Area Code & Daytime Telephone Number	TE NOV 26 PM S	-			
	Name of Person Area Code & Daytime Telephone Number	PM 5: 00	1			
Enclosed	is a check for the following amount:	00				
\$25.00	0 Filing Fee \$\ \text{Solution} \$\ \text{Solution}\$ \ \text{Solution}\$ \ \text{Certificate of Status}\$ \text{Solution}\$ \ \text{Certified Copy} \ \text{(additional copy is enclosed)}\$ \ \text{Certified Copy} \ \text{(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

(Name of the Limited Li	RIE READ ability Company orida Limited Lia		ur records.)		
The Articles of Organization for this Limited Liabinerida document number		vere filed on <u>Ol-1C</u>)-2012)	and ass	signed
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liabil	ity company here:			
AIU					
The new name must be distinguishable and end with th "L.L.C."	ne words "Limite	d Liability Company," th	e designation "LLC"	or the	abbreviation
Enter new principal offices address, if applicable	e:	NA	_		
(Principal office address MUST BE A STREET A	(DDRESS)		承 S	ret	,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or		ce address on our re	LAHASSEE ELORIBA	2 NOV 26 PH 5: 00	
registered agent and/or the new registered office			cords, enter the h	iame o	n the new
Name of New Registered Agent:	Alu				
New Registered Office Address:					
		Enter Flo	rida street address		
_		, Florida			
		City	Zi	ip 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 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> **Address Type of Action** MARCIO RODRIGUES MGr ☐ Add Remove ☐ Add Remove \square Add Remove d move D.

Ifamei	nding any other information, enter change(s) here: (Attach additional sheets, if necessity)	essary.)	-
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		RETARY AHASSE	
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ted	09-24, 2021.	RIBA	ć
	Signature of a member or authorized representative of a member		
	NIVER COUTINHO Typed or printed name of signee		

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Filing Fee: \$25.00