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(F	Requestor's Name)	
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(C	Dity/State/Zip/Phone #)	<u>.</u>
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COVER LETTER

TO: Registration Section **Division of Corporations**

CHRISTIA SU BJECT:	NO PAES, LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cristiano Paes		
		Name of Person	
	CHRISTIANO PAES, LLC	•	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	4362 NW 1st Street		
		Address	
	Decrifeld Beach, FL 33442		
		City/State and Zip Code	······································
	cpaesllc@outlook.com		
	E-mail address: ()	o be used for future annual report no	otification)
for further information e	oncerning this matter, please ca	di:	
Carla Bittencourt		954 901-4759	
Name o	t Person	at () Area Code Dayti	me Telephone Number
inclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	GCK# 1318	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CHRISTIANO PAES, LLC				
(<u>Name of the Limited</u>	<u>d Liability Cor</u> A Florida Limit	mpany as it now appears of ted Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia	bility Compa	any were filed on 05/11	/2012	and assigned
lorida document number 1.12000065529	.			
his amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited l	iability company here	:	
CRISTIANO PAES, LLC.				
he new name must be distinguishable and contain the wo	rds "Limited Li	iability Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
Principal office address MUST BE A STREET	ADDRESS,			
				203
				104
Enter new mailing address, if applicable:	N/A		= -	
(Mailing address MAY BE A POST OFFICE BOX)				
			77.	
				्य
3. If amending the registered agent and/or re	gistered offic	ce address on our reco	ords, enter the nam	
If amending the registered agent and/or regent and/or the new registered office address		ce address on our reco	oras, <u>enter the nam</u>	e of the new regi
	NT/ A			
Name of New Registered Agent:	N/A	, -		
New Registered Office Address:	N/A			
		Emer Florida	street address	
		<u>/</u>	, 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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		NIA	□Add
			Remove
			□Change
			□Remove
			□Change
			[]Add
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			Change
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E. Effective	date, if other than the	date of filing:		(optional) n 90 days after filing.) Pursuant to	(05.0707.4354)
Note: If t	the date inserted in this bl	lock does not meet the ap repartment of State's reco	plicable statutory filing requ	irements, this date will not be	listed as the
If the record sprecord is filed.		re date, but not an effectiv	re time, at 12:01 a.m. on the	earlier of: (b) The 90th day:	after the
Dated Ap.	ril 3rd	2024			
Dateu	() -:	<u> </u>			
	x antien	1 /	· (CO)		
			uthorized representative of a m		

Typed or printed name of signee

D. If