

L13000074498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 02 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AQUILA BRASIL 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:

MARCO A. FRANCA

Name of Person

AQUILA BRASIL LLC

Firm/Company

4363 DORAL COURT

Address

LAKELAND, FL 33801

City/State and Zip Code

MARCO.FRANCA@AQUILABRASIL.COM

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

For further information concerning this matter, please call:

MARCO A. FRANCA

863

602-1625

at ()

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

NS

EFFECTIVE DATE _____

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AQUILA BRASIL 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 MAY 22, 2013 and assigned
Florida document number L13000074498.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

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 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

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M

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ARIANNA LEE FRANCA	4363 DORAL COURT	☐ Add
		LAKELAND, FL 33801	☒ Remove
			☐ Change
AMBR	LUIZ FELIPE FRANCA	4363 DORAL COURT	☐ Add
		LAKELAND, FL 33801	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
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☐ Change
☒ Add
☐ Remove
☐ Change



This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left, there is some faint, illegible handwriting. In the bottom center, there is a small, dark mark or smudge. The rest of the page is blank.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated NOVEMBER 25 2015

Typed or printed name of signee

Filing Fee: \$25.00

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