

L13000125433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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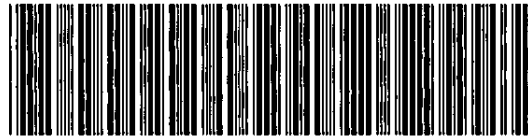
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

NOV 12 2013

T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **INTER ROAD 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:

**JOAO DENILSON DOS SANTOS**

Name of Person

Firm/Company

**6000 METROWEST BLVD STE 213 B**

Address

**ORLANDO, FL 32835**

City/State and Zip Code

**jdenilso2010@hotmail.com**

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

For further information concerning this matter, please call:

**Joao Denilson dos Santos** at **407 580-3860**

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**

**FILED**  
13 NOV -8 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

INTER ROAD 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 09/05/2013 and assigned  
Florida document number L13000125433.

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:**

**(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 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	BENEDITO MOREIRA DE GOES FILHO	RUA ALAMEDA DAS AMOREIRAS, 71	<input type="checkbox"/> Add
		ARACOIABA DA SERRA, SP 18190 BR	<input checked="" type="checkbox"/> Remove
MGRM	CRISTINA C COMPAROTTO GOES	RUA ALAMEDA DAS AMOREIRAS, 71	<input type="checkbox"/> Add
		ARACOIABA DA SERRA, SP 18190 BR	<input checked="" type="checkbox"/> Remove
MGR	Eliane M. Rodrigues dos Santos	11656 BLACK RAIL ST	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<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.)*

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Dated November 9, 2013

Joao Denilson dos Santos  
Signature of a member or authorized representative of a member  
JOAO DENILSON DOS SANTOS  
Typed or printed name of signee

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Filing Fee: \$25.00