

L14000078760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

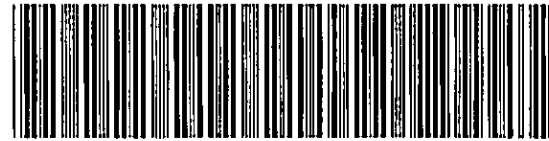
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300306306903

12/15/17--01004--015 **30.00

FILED
17 DEC 15 PM 4:10
SPRINGFIELD, ILLINOIS
TALLAMON, P. OFFICE

B FIGUEROA

DEC 18 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M&C PAIXAO SERVICES, 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:

SARA AGUIAR

Name of Person

CSG - CAPITAL SERVICES GROUP INC

Firm/Company

6735 CONROY WINDERMERE RD # 305

Address

ORLANDO - FL - 32835

City/State and Zip Code

SARA@THEWAYGROUP.BIZ

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

For further information concerning this matter, please call:

SARA AGUIAR

407

770-5776

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

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

M&C PAIXAO SERVICES, 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 05/15/2014 and assigned
Florida document number L14000078760.

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)

8746 CRESCENDO AVE

WINDERMERE - FL - 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8746 CRESCENDO AVE

WINDERMERE - FL - 34786

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: CSG - CAPITAL SERVICES GROUP INC

New Registered Office Address: 446 W. HILLSBORO BLVD

Enter Florida street address

DEERFIELD BEACH, Florida 33441

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MAURICIO E. P. DA SILVA	4818 MATTEO TRAIL	<input type="checkbox"/> Add
		ORLANDO, FL 32839	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CLEUSA MARTINS DA SILVA	4818 MATTEO TRAIL	<input type="checkbox"/> Add
		ORLANDO, FL 32839	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VICTOR HELAL DE PAULA	8746 CRESCENDO AVE	<input checked="" type="checkbox"/> Add
		WINDERMERE - FL - 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BERENICE N. FELSKY	8746 CRESCENDO AVE	<input checked="" type="checkbox"/> Add
		WINDERMERE - FL - 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
DEC 15 PM 4:10
TALLAHASSEE, FLORIDA

17 DEC 15 PM 4 10
SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-14-01 BY 60322
UCBAW

FILED
DEC 15 PM 4:10
ST. LOUIS, MO.
ALLA S. S. FLORES

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

10/30

2017

Signature of a member or authorized representative of a member

MAURICIO E. PAIXAO DA SILVA

Typed or printed name of signee