

L14 0000 89869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

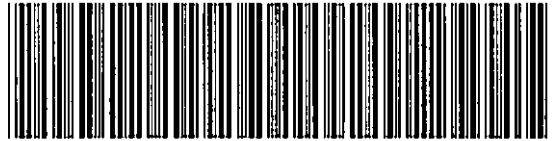
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/22/21--01026--011 **75.00

21 SEP -8 PM 3:02



2021 SEP -8 PM 4:58

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2021

ADRIANA MACEDO/ PATRICIA CANTON
4581 WESTON RD #189
WESTON, FL 33331

SUBJECT: INVESTMENTS AND BUSINESS MANAGEMENT LLC
Ref. Number: L14000089869

We have received your document for INVESTMENTS AND BUSINESS MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 421A00017429

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INVESTMENTS AND BUSINESS MANAGEMENT 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

Adriana Macedo/Patricia Canton

Name of Person

Assure International LLC

Firm/Company

4581 Weston Road #189

Address

Weston, FL, 33331

City/State and Zip Code

amacedo@assureinternational.com

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

For further information concerning this matter, please call.

Adriana Macedo

305 239-9080 ext 101
at ()

Name of Person

Area Code

Day time 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 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**

21 SEP -3 PM 3:03

INVESTMENTS AND BUSINESS MANAGEMENT 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 June 4, 2014 and assigned
Florida document number L14000089869.

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:

Assure International LLC

New Registered Office Address:

801 Brickell Avenue, Suite 900

Enter Florida street address

Miami

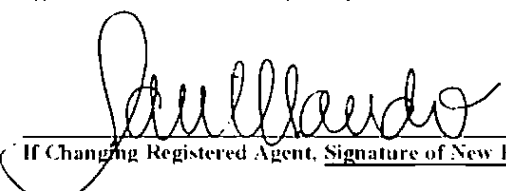
City

Florida 33131

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

21 SEP - 6 PM 5: 03

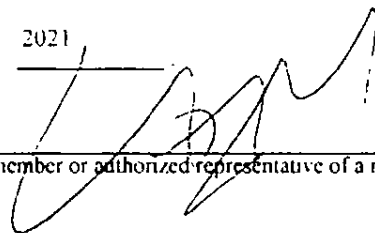
E. Effective date, if other than the date of filing: May 19th, 2021 (optional)

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 19th 2021



Signature of a member or authorized representative of a member

Victor Affonso Biasutti Pignaton

Typed or printed name of signee

Filing Fee: \$25.00