Florida Department of State Division of Corporations Electronic Filling Gover Sheet

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To:

From:

Division of Corporations

Fax Number : (850)617-6383

Account Name : JELEN ACCOUNTING SERVICES

Account Number : I20120000052

Phone : (305)591-9180 Fax Number : (305)591-9167

ter the email address for this business entity to be used for future abunal report mailings. Enter only one email address please.**

Email Address: info@jelenaccounting.com

C. BORGES DO NASCIMENTO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C BORGES DO NASCIMENTO LLC				
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on ou nited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Company were filed on 09262014 Florida document number L14000154134			_ and assigned	
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 designati	on "LLC" or the abbre	viation "L.L.C."	—
Enter new principal offices address, if applicable:			2	
(Principal office address MUST BE A STREET ADDRES.	<u>s</u>)	PC	72	
	<u></u>	<u>-</u> ŕ	AR TI	
			-7	
Enter new mailing address, if applicable:			Pili	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	ت ق	
		그 근학	26	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records	, enter the name o	of the new regi	<u> ster</u>
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.

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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

	Authorized Member		······ 1
Title	<u>Name</u>	Address	Type of Action
AMBR	JULIA CARDIA P NASCIMENTO	5221 NW 108 AVE	■ Add
		DORAL, FL. 33178	□Remove
			☐ Change
			□Add
			□Remove
			CChange
	A-1-1		🖸 Add
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. Effective date, if other than the c (If an effective date is listed, the date must	pe specific and cannot be	prior to date of filing or more the	han 90 days after filing.) Pursu	ant to 605.0207 (3)(
Note: If the date inserted in this blocdocument's effective date on the De	ck does not meet the ap	plicable statutory filing rec	quirements, this date will n	ot be listed as the
	date, but not an effecti	ve time, at 12:01 a.m. on th	ne earlier of: (b) The 90th	day after the
the record specifies a delayed effective			* •	-
the record specifies a delayed effective cord is filed.				
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cord is filed. Dated FEBRUARY 21	2024 ndia- D 1/1/2	Murmento suthorized representative of a		