

LL5 000000 2602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

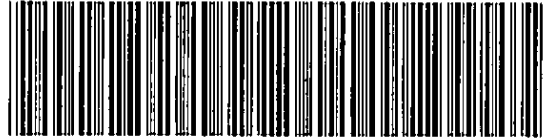
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900336773469

11/12/19--01009--001 --\$35.00

FILED
SECRETARY OF STATE
VICTOR M. CORCORAN
19 NOV 12 AM 10:02

Amend

DEC 1 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

R&C Florida State LLC

change of composition

SUBJECT: _____
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:

Luiza Nogueira da Gama Henry

Name of Person

Firm/Company

211 Commons Lane

Address

Foster City, CA 94404

City/State and Zip Code

luizahenry@yahoo.com

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

For further information concerning this matter, please call:

Luiza Henry

510

7177066

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV 12 4M 10:02

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

R&C Florida State 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 01/06/2015 and assigned
Florida document number L15000002602.

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

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	Luiza Nogueira da gama Henry	Av. Prof. Frederico Hermann Jr., 199	<input checked="" type="checkbox"/> Add
		SP, BRAZIL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Beatriz Nogueira da gama Henry	Av. Prof. Frederico Hermann Jr., 199	<input checked="" type="checkbox"/> Add
		SP, BRAZIL	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

21

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

Luiza NG Henry to receive 490 units from Beatriz NG Henry

Actual composition:

Luiza NG Henry: 500 units (182,500.00)

Beatriz NG Henry: 500 units (182,500.00)

New composition:

Beatriz NG Henry: 10 units (3,650.00)

Luiza NG Henry: 990 units (361,350.00)

E. Effective date, if other than the date of filing: _____ (optional)

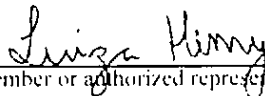
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 November 6th, 2019.



Signature of a member or authorized representative of a member

Luiza Henry

Typed or printed name of signee