

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC  
Account Number : I20160000060  
Phone : (407)674-8969  
Fax Number : (407)674-8970

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DEVELOP AMERICA HOLDINGS LLC**

Certificate of Status	1
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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K. SALY  
JUL 20 2023

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2023 JUL 20 PM 8:40

ALLAHASSEE COUNTY

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
DEVELOP AMERICA HOLDINGS LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 03/09/2015 and assigned Florida document number: C15000041989

Article I

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 "LLC."

Article II

Enter new principal office 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*)

Article IV

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:

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

Title	Name	Address	Type of Action
AMBR	LEGUA INVESTMENTS LLC	5401 S KIRKMAN RD, STE #105 ORLANDO, FL 32819	REMOVE <input checked="" type="checkbox"/> ADD <input type="checkbox"/>

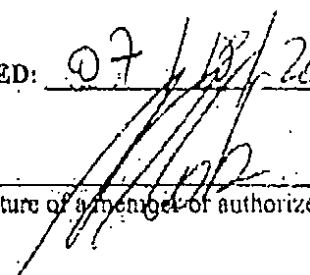
C. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: 07/18/2023

  
Signature of a member or authorized representative of a member

Matheus Branco Cabau / AMBR  
Typed or printed name of signee

ALLAHASSI, J. (P)

2023 JUL 20 PM 8:45

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