

L15 0000 97738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

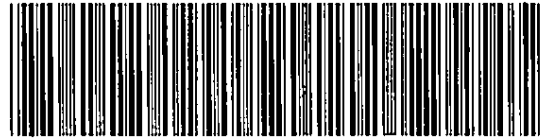
(Business Entity Name)

(Document Number)

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2019 MAY -6 PM 4:13
TALLAHASSEE, FLORIDA

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MAY 15 2019
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONFIANCE HOMES 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:

AURELIO PENTEADO

Name of Person

ONE TOUCH CONSULTING SERVICES LLC

Firm/Company

8350 IRON MOUNTAIN TRL

Address

WINDERMERE / FL 34786

City/State and Zip Code

onetouch@onetouchconsulting.net

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

For further information concerning this matter, please call:

AURELIO PENTEADO

407

233-7350

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**

FILED

CONFIANCE HOMES LLC

2019 MAY -6 P 4:13

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED MAY 3 2019
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/03/2015 and assigned
Florida document number L15000097738.

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)

7575 KINGSPPOINT PKWY STE 1

ORLANDO, FL 32819 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7575 KINGSPPOINT PKWY STE 1

ORLANDO, FL 32819 US

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:

FABIANO CASILHOS DOS SANTOS

New Registered Office Address:

7575 KINGSPPOINT PKWY STE 1

Enter Florida street address

ORLANDO

City

Florida 32819

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	FABIANO CASTILHOS DOS SANTOS	7575 KINGSPPOINT PKWY STE 1, ORLANDO, FL 32819	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CRISTIANE GUSMAO DE ASSIS	7575 KINGSPPOINT PKWY STE 1, ORLANDO, FL 32819	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LUAN GUSMAO DE ASSIS RODOVALHO	7575 KINGSPPOINT PKWY STE 1, ORLANDO, FL 32819	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(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.

James C. La Motte
Signature of a member or authorized representative of a member

Typed or printed name of signee