## L1500108609

(	Requestor's Name)
(	Address)
(	Address)
	City/State/Zip/Phone #)
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PICK-UP	WAIT MAIL
(	Business Entity Name)
(	Document Number)
0-46-40-40-4	Out the state of Olsten
Certified Copies	Certificates of Status
Special Instructions	to Hiling Officer:

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SECRETARY OF STATE!

## COVERLETTER

TO: Registration S Division of Co		
Raposo &	k Raposo LLC	
SUBJECT:	Name of Limited Liability Company	
	of Amendment and fee(s) are submitted for filing.	
	Syed Ahmed	
	Name of Person	
	Integral Tax, Accounting & Financial Services	
	Firm/Company	
	569 Palio Court	
	Address	
	Ococe, FL 34761	
	City/State and Zip Code	
	syed@integraltax.net  E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please call:	
Syed Ahmed	407 232-1866 at ( )	
Name	e of Person Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:	
□ \$25.00 Filing Fee	(additional copy is enclosed) Certified	e of Status &

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 2015 OCT 23 AM 10: 36

FILED

**OF** 

SEURETARY OF STATE TALLAHASSEE, FLORIDA

Raposo & Raposo, 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 Liab	vility Company were filed on 06/23/	2015 and assigned
Florida document number L15000108609		uid ussigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
F		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or registered agent and/or the new registered offic  Name of New Registered Agent:	registered office address on ou ce address here:	or records, enter the name of the new
New Registered Office Address:		
New Registered Office Address.	Enter Florida	street address
		, Florida
	·	, Florida Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	
I haveby accept the appointment as vacintared	apput and appare to get in this can	acity. I further agree to comply with the

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR =	Manager
AMBR =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	<b>Type of Action</b>
AMBR	Viviane S. Raposo	Rodovia Augusto, Montenegro,	□ Add
		Casa 95, Belcm, PA 66635-110 BR	■ Remove
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ffective date, if other than the dat an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depar	loes not meet the applical	o date of filing or n ble statutory filin	(op nore than 90 days aft ag requirements, 11	tional) ter filing.) Pursuant to his date will not be	605.0207 (3)(b) histed as the
e record specifies a delayed ef The 90th day after the record	ective date, but not is filed.	an effective f	time, at 12:01	a.m. on the ea	arlier of:
October 20	2015				
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Page 3 of 3

Filing Fee: \$25.00