

L15000145754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

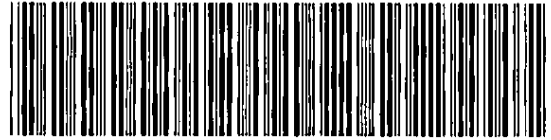
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



000429326730

07/23/24--0101--000 **5.00

05/14/21 -01016-000 **25.00

FILED
2024 AUG -2 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FL

Amend

AUG 14 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LABANCA 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:

ROSI ALVES

Name of Person

TRUST SOLUTION TAX & BOOKKEEPING LLC

Firm/Company

7031 GRAND NATIONAL DR SUITE 111

Address

ORLANDO - FL - 32819

City/State and Zip Code

ROSI@TRUSTSOLUTIONTAX.COM

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

For further information concerning this matter, please call:

ROSI ALVES

407

705-9147

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATE OF FLORIDA
TALLAHASSEE

2024 AUG -2 AM 9:48

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2024

LABANCA, LLC
7031 GRAND NATIONAL DR
SUITE 111
ORLANDO, FL 32819

SUBJECT: LABANCA, LLC
Ref. Number: L15000145754

We have received your document for LABANCA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

These changes have already been made in our office so the attached is not needed. Your Articles of Organization will not reflect the changes because we cannot make changes in those documents.

Enclosed is an application for refund. The name and address provided on the application is who the refund will be made payable to. When the recipient of the refund is a business entity the Federal Employer Identification Number (FEIN) is required. If an individual is the recipient their social security number (SS No) is required.

The refund cannot be processed without this information.

The requestor will need to date and sign the application.

Please return the application and allow 30 to 60 days for the refund to be processed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 324A00013140

sign application



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2024

LABANCA, LLC
7031 GRAND NATIONAL DR
SUITE 111
ORLANDO, FL 32819

SUBJECT: LABANCA, LLC
Ref. Number: L15000145754

We have received your document for LABANCA, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

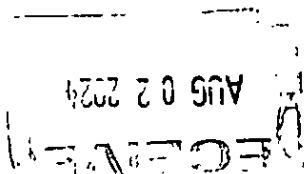
The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 724A00015911



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

LABANCA 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 08/25/2015 and assigned
Florida document number L15000145754.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

7031 GRAND NATIONAL DR SUITE 111

ORLANDO - FL - 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7031 GRAND NATIONAL DR SUITE 111

ORLANDO - FL - 32819

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:

TRUST SOLUTION TAX & BOOKKEEPING LLC

New Registered Office Address:

7031 GRAND NATIONAL DR SUITE 111

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	LABANCA INTERNATIONAL LTD	TRIDENT CHAMBERS PO BOX 146	<input type="checkbox"/> Add
		WICKAMS CAY ROAD TOWN	<input checked="" type="checkbox"/> Remove
		TORTOLA BVI OC 33131 OC	<input type="checkbox"/> Change
AMBR	FERNANDO GOMES LABANCA	AV LUCIO COSTA 4000	<input checked="" type="checkbox"/> Add
		BL 2 APT 305	<input type="checkbox"/> Remove
		RIO DE JANEIRO, RJ 22630-011 BR	<input type="checkbox"/> Change
AMBR	GABRIELA F DE ALMEIDA	AV LUCIO COSTA 4000	<input checked="" type="checkbox"/> Add
		BL 2 APT 305	<input type="checkbox"/> Remove
		RIO DE JANEIRO, RJ 22630-011 BR	<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

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

N/A

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 JUNE 27, 2024

X

Signature

FERNANDO GOMES LABANCA

Typed or printed name of signee