

L16000034491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

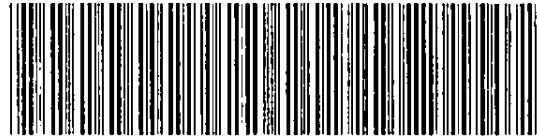
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VERTICAL GARDEN 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:

ARAKI WATANABE ADRIANO HIDEK

Name of Person

VERTICAL GARDEN LLC

Firm/Company

6221 PEREGRINE- CT

Address

ORLANDO, FLORIDA 32819

City/State and Zip Code

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

For further information concerning this matter, please call:

ARAKI WATANABE ADRIANO HIDEK 407 668-3490
Name of Person at () 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

2025 MAY -3 PM 4.30
records.)

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Florida _____

Zip Code

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	MERLIN, HENRIQUE MARTINS	8040 ESSEX POINT CIRCLE # 4201	☐ Add
		ORLANDO, FLORIDA 33819	☒ Remove
			☐ Change
SECRET.	LILIAN BORBA CASANAS	6221 PEREGRINE - CT	☒ Add
		ORLANDO, FLORIDA 32819	☐ Remove
			☐ Change
MGR	ERALDO ULIANI ALMEIDA SA	6221 PEREGRINE - CT	☒ Add
		ORLANDO, FLORIDA 32819	☐ Remove
			☐ Change
AMBR	ARAKI WATANABE ADRIANO	6221 PEREGRINE- CT	☒ Add
		ORLANDO, FLORIDA 32819	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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04/02/2023

_ (optional)

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.

Dated 04-02-2023

DecuSigned by

 EEE0332C050465

ARKI WATANABE ADRIANO HIDEK

Typed or printed name of signee

Filing Fee: \$25.00