

U6000065835

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(Address)

(Address)

(City/State/Zip/Phone #)

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PM 4:30

SEP 12 2018  
S. PRATHER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: C&C BUSINESS SOLUTIONS 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:

**NILTON FREGNI**

\_\_\_\_\_  
Name of Person

**EXPAT CONSULTING CORP**

\_\_\_\_\_  
Firm/Company

**8615 COMMODITY CIRCLE, SUITE 11**

\_\_\_\_\_  
Address

**ORLANDO - FL - 32.819**

\_\_\_\_\_  
City/State and Zip Code

**ACC@EXPATCONSULTING.COM**

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

For further information concerning this matter, please call:

**NILTON FREGNI**

**407 745.1112**

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**

C&C BUSINESS SOLUTIONS LLC

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

18 SEP 15 PM 4:34

The Articles of Organization for this Limited Liability Company were filed on 04/04/2016 and assigned  
Florida document number L16000065835.

This amendment is submitted to amend the following:

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

KINGDOM ACAI BUSINESS SOLUTIONS LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

EXPAT CONSULTING CORP

New Registered Office Address:

8615 COMMODITY CIRCLE SUITE 11

Enter Florida street address

ORLANDO

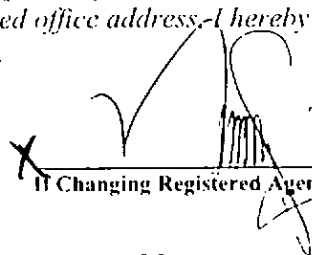
City

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	FLORENCIO SILVA, HILDECLEITON	1230 WRIGHT CIR #304 CELEBRATION, FL 34747	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SANTINO PEREIRA, CLESTON	660 LASSO DRIVE KISSIMMEE, FL. 34.747	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	VICTOR GABRIEL MAIA SANTINO	660 LASSO DRIVE KISSIMMEE, FL. 34.747	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

→ We ARE JUST CHANGING  
THE TITLE AND THE ADDRESS.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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

08/30/2018

Signature of a member or auth

Signature of a member or authorized representative of a member

CLESTON SANTINO PEREIRA

Typed or printed name of signee

SEP-5 4:36 PM