Page:

8/12/2021

Division of Corporations Electronic Filing Cover Sheet

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(((H21000305010 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111 Phone : (407)800-7028 : (407)992-9407 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARNEVALE LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help



.4.	COVER LETTER	
TO: Registration Division of C		3
CARNEV SUBJECT:	VALE LLC	
SUBJECT:	Name of Limited Liability Company	
	of Amendment and fee(s) are submitted for filing.	
Please return all corres	pondence concerning this matter to the following:	
	Maria C Sousa	
	Name of Person	
	Sousa & Associates Inc	
	Firm/Company	
	5728 Major Blvd. Ste 309	
	Address	
	Orlando, Fl. 32819	
	City/State and Zip Code	
	info@sousanassociates.com	
	E-mail address: (to be used for luture annual report notification)	
For further information	n concerning this matter, please call:	
Maria C Sousa	407 800-7028 at ( )	
Name	e of Person Area Code Daytime Telephone Number	

6 08/12/2021 13:23 PM TO:18506176383 FROM:3215598192

Enclosed is a check for the following amount:

Hal and 3050103

Page: 7 08/12/2021 13:23 PM TO:18506176383 FROM:3215598192

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

421 000 3050103

CARNEVALE LLC (Name of the Limited Liability	Company as it now appears on our records, imited Liability Company)	)
The Articles of Organization for this Limited Liability Cor Florida document number 1.16000094937		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
New Registered Agent's Signature, if changing Registered	City Agent:	Zip Coae
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and ent as provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is

Halon 3050103

If Changing Registered Agent, Signature of New Registered Agent

Page: 8 08/12/2021 13:23 PM T0:18506176383 FROM:3215598192 H 21 000 305 010 3

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>	Address	Type of Action
AMBR	Giulianna Sant Anna Carnevale	Rua dos Jacarandas 300 Bloco 1 Apr 1201	🖫 Add
		Barra da Tijuca Cep: 22776-050	□Remove
			□Change
			□Add
			□Remove
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		- non-records as a same a second	□Remove
			Change
<del></del>			□Add
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			☐ Change

HUL 000 3050103

f amending any other infort	nation, enter change(s) here:	(Attach additional sheets, if necess	ary.)	
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Note: If the date inserted in thi	the date of filing:  must be specific and canno! be prior to s block does not meet the applicab be Department of State's records.	(option date of filing or more than 90 days after file of statutory filing requirements, this c	ial) ling.) Pursuant to late will not be	605.0207 listed as
record specifies a delayed offe	ctive date, but not an effective tim	c, at 12:01 a.m. on the earlier of: (b)	The 90th day a	22 uniterialhe >>
d is filed.				AUG
Dated	2021		385	12
	FRANCESCO CARNEVALE	Assinado de forma digital por FRANCESCO  CARNEVALE DE TOLEDO 07830964700	E S	P
	DE TOLEDO:07830964700 Signature of a member of authori	Dados: 2021,08 12 09:00:27 -03'00	وال الم	۾.
	orginature or a member of authori		S.	=
FRANCESCO CAR	NEVALE DE TOLEDO			_