

L16000127416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

SEP 30 2016

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTERAGE GESTAO EMPRESARIAL 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:

TERRY FALLIS, EA

Name of Person

TAX CARE ORLANDO

Firm/Company

12701 S. JOHN YOUNG PKSWY STE. 215

Address

ORLANDO, FL 32837

City/State and Zip Code

TERRY@TAXCAREINC.COM

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

For further information concerning this matter, please call:

TERRY FALLIS, EA

407 250-4879
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**

INTERAGE GESTAO EMPRESARIAL 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 JULY 5TH 2016 and assigned
Florida document number L16000127416.

This amendment is submitted to amend the following:

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

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)

2731 N. POINCIANA BLVD.

UNIT #113

KISSIMMEE, FL 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12701 S. JOHN YOUNG PKWY.

SUITE 215

ORLANDO, FL 32837

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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	CARLOS ALBERTO MIGUEL	2731 N. POINCIANA BLVD.	☒ Add
		UNIT #113	☐ Remove
		KISSIMMEE, FL 34746	☐ Change
MGR	EVA DE FATIMA MIGUEL	2731 N. POINCIANA BLVD.	☐ Add
		UNIT #113	☐ Remove
		KISSIMMEE, FL 34746	☒ Change
			☐ Add
			☐ Remove
			☒ Change
			☒ Add
			☐ Remove
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			☐ Remove
			☐ Change

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KISSIMMEE, FL 34746

16 SEP 29 PM 1:01
FBI WASH DC

16 SEP 29 PM 1:47
FBI - MIAMI
FBI - MIAMI

(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)

(b) The 90th day after the record is filed.

Dated _____, _____

x fringuel.

Signature of a member or authorized representative of a member

EVA DE FATIMA MIGUEL

Typed or printed name of signee