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22 FEB 20 PH 2: 10

COVER LETTER

	egistration Sec ivision of Corp			
SUBJECT		JSINESS LLC		
50 55 77.1	• •	Name of Lim	ited Liability Company	
The enclos	ed Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m ali correspo	ndence concerning this matter	to the following:	
		LEONARDO COTTA PE	REIRA	
			Name of Person	
		LC USA BUSINESS LLC		
			Firm/Company	
		1024 JÖRDAN AVE		
			Address	
		ORLANDO, FL 32809		
		CoTTA 1977	City/State and Zip Code Compile Compi	cation)
For further	information co	oncerning this matter, please ca	all:	
LEONARI	DO COTTA PE	EREIRA	407 715-5519 Area Code Davtime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e following amount:		
□ \$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 22 FEB 22 PM 3: 19

LC USA BUSINESS LLC		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our recorded Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on 01/06/2017	and assigned
Florida document number L17000004870		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability 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)		
		<u>_</u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	re address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street addres	•
	, Flo	orida
	Cuy	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 = 7	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			[]Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		- 	□Add
			□Remove
			E1Change
<u></u>			□Add
			□Remove
			☐ Change

AMENDING FROM:	ARTICLE III: OTHER	R PROVISIONS, IF	ANY: TOURISM, SI	ERVICES AND SALES
TO NEW AMENDME	ENT INFORMATION	: ARTICLE III: OT	HER PROVISIONS, I	F ANY:
THE PURPOSE OF T	HE CORPORATION	IS TO TRANSACT	ANY AND ALL LA	WFUL BUSINESS FOI
WHICH CORPORAT	IONS MAY BE INCO	ORPORATED UND	ER THE LAWS OF T	HE STATE OF FLORI
AS THEY MAY BE A	MENDED FROM TE	ME TO TIME.		
		- 3 ,	<u> </u>	

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tive date, if other the	ate must be specific and c	cannot be prior to date	of filing or more than 90	(optional) days after filing.) Pursuant ents, this date will not b
If the date inserted in	the Department of St	eet the applicable strate's records.	, ,	
If the date inserted in nent's effective date or rd specifies a delayed of	the Department of Su	ate's records.		ier of: (b) The 90th da
If the date inserted in nent's effective date or rd specifies a delayed c iled.	the Department of Su	ate's records.		ier of: (b) The 90th da
If the date inserted in nent's effective date or rd specifies a delayed of iled.	The Department of Startfective date, but not a	ate's records. an effective time, at		

Filing Fee: \$25.00