Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000221298 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Fron:

ä

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 : (407)898-1757 Phone

Fax Number : (407)897-5336

\*\*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 9231 GRAND ISLAND WAY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Page: 3

3 07/23/2019

02:56 PM TO:18506176383 FROM:5612934213

## **COVER LETTER**

	Registration Section Division of Corporations	
em me	9231 GRAND ISLAND WAY LLC	
SUBJEC	Name of Limited Liability Company	
The enck	sed Articles of Amendment and fee(s) are submitted for filing.	
Please re	urn all correspondence concerning this matter to the following:	
	JULIA TEDESCO	:
	Name of Person	
	ACCOUNT BOOKKEEPING CORP	
	Finn/Company	
	5301 CONROY ROAD SUITE 140	••
	Address	22.5
	ORLANDO, FL 32811	19 JUL 2:
	City/State and Zip Code INFO@ABKCORP.COM	$\sim$ $\sim$
	E-mail address: (to be used for future annual report notification)	
For furth	er information concerning this matter, please call:	
JULIA T	EDESCO 407 898-1757	8
	Name of Person Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:	

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS: Registration Section

☐ \$30.00 Filing Fee &

Certificate of Status

■ \$25,00 Filing Fee

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

□ \$60.00 Filing Fcc.

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Page: 4 07/23/2019

02:56 PM

TO:18506176383 FROM:5612934213

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9231 GRAND ISLAND WAY, LJ.C			
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)		
he Articles of Organization for this Limited Liability Company	were filed on <u>03/15/2017</u>	and assigned	
lorida document number 1.17000059068			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	oility company here:		
be new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."	
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
nter new mailing address, if applicable:		· · · <u>· · · · · · · · · · · · · · · · </u>	
Iniling address MAY BE A POST OFFICE BOX)			[ ] ;~
		4 200 	i FA
. If amending the registered agent and/or registered o	ffice address on our records, ent		ew III.
gistered agent and/or the new registered office address her	<u>re</u> :	<b>00</b>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	,	
	. Florida		
,,,,,,,,	Cir:	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

Page 1 of 3

Page:	5	07/23/2019	02:56 PM	TO:18506176383. FROM:5612934213
				11.1000

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
MGR	VANESSA LORENA RZEZINSKI	WINTER GARDEN, FL 34787 9231 GRAND ISLAND WAY	≅ Add
			Remove
			☐ Change
MGR	PAULO BRUNO FONSECA LORENA DE ARAUJO	R.Comte Júlio de Moura 865, apt 301	Add
		Barra da Tijuca, Rio de Janeiro, Brasil	□ Remove
			🗆 Сһянде
			☐ Remove
			Change
			☐ Remove.
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□ Change
			Add
			☐ Remove
			☐ Change

ge:	6 D. K.	07/23/2019	02:56 PM	HAN OUD PARTE	FROM: 5612934213			
	D. Ham	enmng any other into	rmation, enter chi	nnge(s) here: (Attach addit	nonai sneeds, y necessury.			
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	(1)	tive date, if other than	concert has connective and a	aneat be adocto dela at their at	(optional) more than 90 days after filing.) Purs	uent to 605	.0207 (3	)(b)
	Note:	If the date inserted in the near's effective date on the	is block does not me	et the applicable stanitory in:	ing requirements, this date will r	not be liste	ed as th	¢
	uccan	nest i onethi o mee	,					
	if the re	cord specifies a dela	iyed effective da	te, but not an effective	time, at 12:01 a.m. on t	he earlie	er of:	
	(b) The	e 90th day after the	record is tiled.					•
	Danad	APRIL 26		2019				
	Dated				1			
			Signal	Melense Afternoon or authorized representative	ve of a member	<del></del>		
			-	ATTENNES OF MANIEURISMAN LABORATIONS				
		MARIA H LOREN		Typed or printed name of signee				

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