

8/21/2017

Division of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : 120160000067 Phone : (407)370-3686 Fax Number : (407)370-3120

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PITANGUEIRAS COMPANY LLC

Certificate of Status	0
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Help

S. WARREN

AUG 2 2 2017

## **COVER LETTER**

	istration Sectision of Corp			
a.u.a.a.a.a.		RAS COMPANY LLC		
SUBJECT:		Name of Limite	ed Liability Company	<del></del>
The enclosed	I Articles of A	mendment and fee(s) are subm		
Please return	all correspon	dence concerning this matter to	o the following:	
		CAROLINE LARSON		
		-	Name of Person	
		LARSON ACCOUNTING	& CONSULTING SERVICES LL	С
			Firm/Company	<del></del>
		7901 KINGSPOINTE PAR	KWAY STE 17	
			Address	
		ORLANDO, FL 32819		<del>_</del>
			City/State and Zip Code	
		PRIVATE@LARSONACC	.COM o he used for future annual report notifi	ication)
For further	information co	ncerning this matter, please ca	ill:	
CAROLIN	E LARSON		407 370 3686	
	Name o	Person	at () Area Code Daytime	: Telephone Number
Enclosed is	a check for th	e following amount:		
		□ \$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 From Larson Accounting 1.321.888.4919 Mon Aug 21 07:45:38 2017 MDT Page 3 of 5

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PITANGUEIRAS COMPANY LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	·
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L17000168889</u>	e filed on	and assigned
his 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 C	ompany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<del></del>
_		<del>_</del>
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, ent	er the name of the
registered agent and/or the new registered office address here:		5 2 5 2
Name of New Registered Agent:		4 - 1
New Registered Office Address:	Enter Florida street address	9 57 57
	, 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

From Larson Accounting 1.321.888.4919 Mon Aug 21 07:45:38 2017 MDT Page 4 of 5 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>	Name	Address		Type of Action
AMBR	Joao Henrique de Andrade	RUA PARANA 679		<b>≘</b> ∧dd
		Pitangueiras, SP 14750000 BR		□ Remove
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				□ Add
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			3* <sup>1</sup>	□ Remove
				🗀 Change

From Larson Accounting 1.321.888.4919 Mon Aug 21 07:45:38 2017 MDT Page 5 of 5 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional)
(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 (3Xb) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Signature of a member or authorized representative of a member Typed or printed name of signer Page 3 of 3

Filing Fee: \$25.00