

2/7/24, 1:37 PM

Division of Corporations

4100008754

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONTADORUSA INC.
Account Number : 120200000118
Phone : (305)260-6968
Fax Number : (786)513-7810

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TCBROS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Help
FEB - 8 2024
T. LEMIEUX

**ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION OF**

TCBROS 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 10/9/2017 and assigned Florida document number 117000208754.

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:

15805 BISCAYNE BLVD STE 201

(Principal office address MUST BE A STREET ADDRESS)

AVENTURA, FL 33160

Enter new mailing address, if applicable:

15805 BISCAYNE BLVD STE 201

(Mailing address MAY BE A POST OFFICE BOX)

AVENTURA, FL 33160

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

FILED
2024 FEB -7 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FL

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	IZABELI SPOSITO BOVI	4411 N FEDERAL HWY	☐ Add
		POMPANO BEACH, FL 33064	☒ Remove
			☒ ☐ Change
AMBR	EDIVAL R DA MATTA JUNIOR	15805 BISCAYNE BLVD STE 201	☒ ☒ Add
		AVENTURA, FL 33160	☐ Remove
			☐ Change
AMBR	HUGO OLIVEIRA RODRIGUES P MALACCO	15805 BISCAYNE BLVD STE 201	☒ ☒ Add
		AVENTURA, FL 33160	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If inserting any other information, enter (change) http://http://www.legis.state.pa.us

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(02)(b) of the Act.

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

Dated JANUARY 6, 2024

Edival R. da Matta Junior
By _____
In presence of a witness or witnesses (Type name(s) of witness(es))

EDIVAL R. DA MATTA JUNIOR

(Typed or printed name of signatory)