

# 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 : DOMINIUM CONSULTING SERVICES, LLC  
Account Number : I20180000103  
Phone : (407)374-2329  
Fax Number : (407)412-5926

**\*\*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 JOIZA LLC

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

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Corporate Filing Menu

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JUN - 7 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JOIZA 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:

CELITON CARDOSO

\_\_\_\_\_  
Name of Person

DOMINIUM CONSULTING SERVICES

\_\_\_\_\_  
Firm/Company

6965 PIAZZA GRANDE AVE - SUITE 206

\_\_\_\_\_  
Address

ORLANDO FLORIDA 32835

\_\_\_\_\_  
City/State and Zip Code

SERVICES@DOMINIUM CS.COM

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

For further information concerning this matter, please call:

CAMILA

407 374-2329

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**

JOIZA 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 01/25/2018 and assigned  
Florida document number 118000021523.

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:

6965 Piazza Grande Ave, Unit 206, Orlando, FL, 32835

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

6965 Piazza Grande Ave, Unit 206, Orlando, FL, 32835

(Mailing address MAY BE A POST OFFICE BOX)

**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

Page: 4 06/6/2019 13:07 PM TO:18506176383 FROM:3213199949  
 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>
AMBR	Joao Carlos de Almeida	6965 Piazza Grande Ave, Unit 206	<input checked="" type="checkbox"/> Add
		Orlando, FL, 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ana Paula Siqueira	6965 Piazza Grande Ave, Unit 206	<input checked="" type="checkbox"/> Add
		Orlando, FL, 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Faiza Siqueira Silvério	6965 Piazza Grande Ave, Unit 206	<input checked="" type="checkbox"/> Add
		Orlando, FL, 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	JOIZA, LTD		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	IZABEL DE FATIMA SIQUEIRA	6965 Piazza Grande Ave, Unit 206	<input type="checkbox"/> Add
		Orlando, FL, 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	IZABEL DE FATIMA SIQUEIRA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(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)

**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.

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

Dated MAY, 24 19, 2019.

Signature of a member or authorized representative of a member

IZABEL DE FATIMA SIQUEIRA

Typed or printed name of signee