

LI 8000050301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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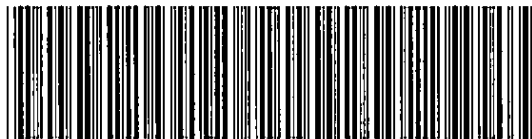
(Business Entity Name)

(Document Number)

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OCT 18 2018

SECRETARY OF STATE  
TALLAHASSEE, FL

2018 OCT 15 PM 3:43

FILED

OCT 22 2018  
S. PRATHER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CINTRA ENTERPRISES 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:

LEONARDO FIGUEIREDO

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

SOLUTION ADVISING LLC

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

5728 MAJOR BLVD SUITE 609

\_\_\_\_\_  
Address

ORLANDO - FL - 32819

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

INFO@SOLUTIONADVISING.COM

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

For further information concerning this matter, please call:

LEONARDO FIGUEIREDO

407

318-0058

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**

CINTRA ENTERPRISES 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 02/27/2018 and assigned

Florida document number L18000050301.

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:**

5728 MAJOR BLVD SUITE 609

**(Principal office address MUST BE A STREET ADDRESS)**

ORLANDO - FL - 32819

**Enter new mailing address, if applicable:**

5728 MAJOR BLVD SUITE 609

**(Mailing address MAY BE A POST OFFICE BOX)**

ORLANDO - FL - 32819

**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:

SOLUTION ADVISING LLC

New Registered Office Address:

5728 MAJOR BLVD SUITE 609

Enter Florida street address

ORLANDO

City

Florida 32819

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

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TALLAHASSEE, FL

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	ALTEMAR MACIEL CINTRA	12849 MADISON POINT CIR.	<input type="checkbox"/> Add
		#102 - ORLANDO - FL - 32821	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	KARLA JUCIANE A. V. CINTRA	12849 MADISON POINT CIR.	<input type="checkbox"/> Add
		#102 - ORLANDO - FL - 32821	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
S	ALTEMAR MACIEL CINTRA	12849 MADISON POINT CIR.	<input type="checkbox"/> Add
		#102 - ORLANDO - FL - 32821	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
T	KARLA JUCIANE A. V. CINTRA	12849 MADISON POINT CIR.	<input type="checkbox"/> Add
		#102 - ORLANDO - FL - 32821	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARCELINO P. MEDEIROS JR	14758 BRADDOCK OAK DR	<input checked="" type="checkbox"/> Add
		ORLANDO - FL - 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	MARCELINO P. MEDEIROS JR		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Can you please remove ALTEMAR MACIEL CINTRA and KARLA JUCIANE A. V. CINTRA as Secretary and  
Treasurer and change them from MGR to AMBR. Also we need Marcelino Pereira Medeiros Jr to be add as a  
Manager.

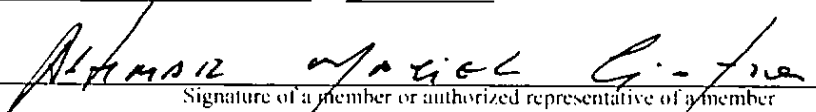
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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 (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.

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.

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ALTEMAR MACIEL CINTRA

\_\_\_\_\_  
Typed or printed name of signee

2018 OCT 15 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED