## L18000076369

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone #	)
PICK-UP	■ WAIT	MAIL
(Bı	usiness Entity Name	)
(Dc	ocument Number)	
Certified Copies	Certificates of	f Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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K. SALY AUG - 8 2018



July 24, 2018

FOREMOST TITLE & ESCROW SERVICES, LLC BADIANA GARCIA 18851 NE 29 AVE, STE. 1005 AVENTURA, FL 33180

SUBJECT: TPV ASSET LLC Ref. Number: L18000076369

We have received your document for TPV ASSET LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 018A00015221



HARBOUR CENTRE, SUITE 1005
1885) NE 29TH AVENUE
AVENTURA, FL 33180

Florida Department of State Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

PH 305 935 4440 FAX 325 935 4410

August 2, 2018

RE: TPV ASSET, LLC-Amendment | Document no. L18000076369

The undersigned title company is handling a closing for the above-referenced entity. On 7/16/18, we submitted the enclosed amendment to correct Mr.Edson Correa Queiroz's title from Managing Member to Manager. The request was received by your office on 7/17 and returned to us on 7/29 because we unintentionally omitted the filing fee. Enclosed please find check 1003 in the amount of \$25.00 representing the filing fee.

We kindly ask that if at all possible, you expedite our request as there is a closing scheduled for 8/15/18 which is contingent upon this change reflecting on Sunbiz.

Please feel free to contact me at 305 935 4440 should you have any questions.

FOREMOST TITLE & ESCROW, LLC

Badiana Garcia

Closer

## **COVER LETTER**

TO: Registration So Division of Co			
TPV ASSE	ET LLC a Florida Limited Liab.	ility Company	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Badiana Garcia		
		Name of Person	
	Foremost Title & Escrow	Services, LLC	
		Firm/Company	<del></del>
	18851 NE 29 Ave		
		Address	<del> </del>
	Suite 1005 Aventura, FL 3	3180	
		City/State and Zip Code	
	edson.queiroz@daemoninv	estimentos.com.br to be used for future annual report not	ification)
For further information of	concerning this matter, please c		
Badiana Garcia		305 935 4440 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fec & 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



TPV ASSET 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 Co	mpany were filed on	03/27/2018	and assigned
Florida document number L18000076369			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company	here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," tl	ne designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del>-</del>		
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street address	
		Flor	rida
	City	, Fior	rida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and coaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance ent as provided for i	of my duties, and n Chapter 605. F	l I am familiar with and .S. Or, if this document is
	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

Title	<u>Name</u>	Address	Type of Action
MGR EDSON	EDSON CORREA QUEIROZ	CHANGE TITLE FROM	Add
		MGRM TO MGR	☐ Remove
			☐ Change
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			□ Remove
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			SEEDING SEE, ALORIDA
			ORD THE STATE OF T
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ffective date, if other than t an effective date is listed, the date i	the date of filing: must be specific and cannot be pr	ior to date of liling o	or more than 90 days at	o <b>tional)</b> Rer filing.) Pursuant to 605.0
<u>Note:</u> If the date inserted in this locument's effective date on the	s block does not meet the app	licable statutory f	iling requirements, t	his date will not be listed
ocument's effective date on the	. Department of State's recor	us.		
e record specifies a delay	ved effective date, but	not an effectiv	e time, at 12:0:	1 a.m. on the earlie
The 90th day after the r		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
JULY 16	2018			
Dated JULY 16	,,			
		4		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00