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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Claudio de Oliveira 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:
Claudio de Oliveira Name of Person
Claudid de Oliveira LLC Firm/Company
1282 Winter Green Way
Winter Garden, F134787 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (321) 695 1950  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

## 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

Claudio	de Oliveira LL	, Č			
(Name of the Limited) (A	Liability Company as it now appears on our i Florida Limited Liability Company)	ecords.)			
The Articles of Organization for this Limited Liabi		S 18 and assigned			
This amendment is submitted to amend the following	ng:	Light Land			
A. If amending name, enter the new name of th	e limited liability company here:	L Z6			
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	"LLC" or the abbroviation "L.L.C."			
Enter new principal offices address, if applicabl	e:	0810 0810 3.116 3.116			
(Principal office address MUST BE A STREET A	(DDRESS)	7 7			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	X)				
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our rec address here:	cords, enter the name of the new			
Name of New Registered Agent:		<del> </del>			
New Registered Office Address:					
	Enter Florida street address , Florida				
<u>-</u>					
	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

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	Name	Address	inco winter Con	Type of Action
<u>MGR</u> Dwnel	Claudio de Olive	ica	1282 Winter Gree Winter Gardon, F1 34178	
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Note: If the date inse	her than the date of fi ed, the date must be specific crited in this block does n date on the Department	ot meet the applicable	te of filing or more than 90 statutory filing requirem	(optional) days after filing.) Pursuan ents, this date will not	t to 605.0207 be listed as
	s a delayed effectiv ter the record is file		effective time, at 1	12:01 a.m. on the	earlier o
ated 07/24	Lusa	2018 Dewel	Na		
<del>,</del>	Signature o	of a member or authorized	I representative of a member	<u>:</u> r	
	LISA	Mi soim			

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Filing Fee: \$25.00