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L18000194869

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 : ALPHA BUSINESS CONSULTING, LLC
Account Number : I20080000061
Phone : (407)582-9830
Fax Number : (407)294-7677

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

Email Address: _____

SECRETAR OF STATE
TALLAHASSEE FLORIDA

18 AUG 16 AM 12:10

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRAVERSIN ENTERPRISES, LLC

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

K. SALY
AUG 20 2018

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRAVERSIN 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:

MARIA PINHEIRO

Name of Person
ALPHA BUSINESS CONSULTING, LLC

Firm/Company
7022 CARLENE DR

Address
ORLANDO, FL 32835

City/State and Zip Code
pinheiromaria@att.net

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

For further information concerning this matter, please call:

MARIA PINHEIRO at (407) 582-9830
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

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18 AUG 16 AM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TRAVERSIN 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 08/14/2018 and assigned Florida document number L18000194869.

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:

3322 BRACKEN FERN DR

(Principal office address MUST BE A STREET ADDRESS)

SAINT CLOUD, FL 34773

Enter new mailing address, if applicable:

3322 BRACKEN FERN DR

(Mailing address MAY BE A POST OFFICE BOX)

SAINT CLOUD, FL 34773

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:

3322 BRACKEN FERN DR

Enter Florida street address

SAINT CLOUDR

City

Florida 34773

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DIOGO TRAVERSIN FAGUNDES	3322 BRACKEN FERN DR	<input type="checkbox"/> Add
		SAINT CLOUD, FL 34773	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	BRENDA M DE CARV.B.TRAVERSIN	3322 BRACKEN FERN DR	<input type="checkbox"/> Add
		SAINT CLOUD, FL 34773	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 ONE STATE
 TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
PLEASE I COULD YOU CORRECT ALL THE ADRESS?

TO: 3322 BRACKEN FERN DR, SAINT CLCUD, FL 34773

Multiple horizontal lines for amending information.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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 AUGUST 17, _____

2018

Signature of a member or authorized representative of a member

DIOGO TRAVERSIN FAGUNDES

Typed or printed name of signee