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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 FEB -4 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 11 2019  
C. McNAIR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 4 FRIENDS BUSINESS, 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:

NILTON CESAR FREGNI

Name of Person

EXPAT CONSULTING CORP

Firm/Company

8615 COMMODITY CIRCLE, SUITE 11

Address

ORLANDO - FL. 32.819

City/State and Zip Code

ACC@EXPATCONSULTING.COM

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

For further information concerning this matter, please call:

NILTON FREGNI

407 745.1112

Name of Person

at ( )

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

2019 FEB -4 PM 4:31  
RECEIVED  
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

4 FRIENDS BUSINESS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2018 FEB -4 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/21/2018 and assigned  
Florida document number L18000225505.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

4 FRIENDS PAINTING & TILE LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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: EXPAT CONSULTING CORP

New Registered Office Address: 8615 COMMODITY CIRCLE, SUITE 11

*Enter Florida street address*

ORLANDO

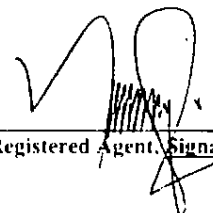
*City*

Florida 32.819

*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>
AMBR	JORDAO SOCCI, RENATO	5225 GATEWAY AVE	<input type="checkbox"/> Add
		ORLANDO, FL 32821	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RODRIGUES DE SOUZA, PEDRO IVO	5225 GATEWAY AVE	<input type="checkbox"/> Add
		ORLANDO, FL 32821	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSE LEITE, ADRIANO	5073 DOVE TREE ST	<input type="checkbox"/> Add
		ORLANDO - FL.32.811	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	AGUIAR DE CARVALHO, GIANCARLO	13748 BRESSLER ALY	<input type="checkbox"/> Add
		WINDERMERE - FL. 34.786	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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.)

We would like TO ADD the number of  
EIN OF the COMPANY : 83-2014562.

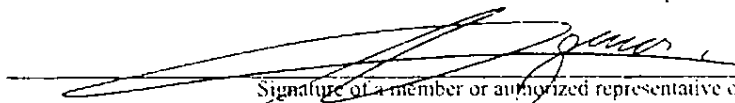
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 11/25 2019

  
Signature of a member or authorized representative of a member  
Giancarlo Aguiar de Carvalho  
Typed or printed name of signee