

6/15/23, 4:16 PM

Division of Corporations

L1900008579

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SOUSA & ASSOCIATES INC
Account Number : I20190000111
Phone : (407)800-7028
Fax Number : (407)992-9407

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DA FLORIDA PARA VOCE LLC

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 JUN 15 AM 8:50

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Corporate Filing Menu

T. LEMIEUX

JUN 16 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DA FLORIDA PARA VOCE 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 C Sousa

Name of Person

SA Finance & Accounting Inc

Firm/Company

5728 Major Blvd Ste 309

Address

Orlando Florida 32819

City/State and Zip Code

Licenses@safinacc.com

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

For further information concerning this matter, please call:

Maria C Sousa

Name of Person

at (407)

Area Code

8007028

Daytime Telephone Number

Enclosed is a check for the following amount:

■

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

DA FLORIDA PARA VOCE 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 01/28/2019 and assigned on Florida document number L19000028579

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:

(Principal office address MUST BE A STREET ADDRESS)

2755 MONTICELLO WAY

KISSIMMEE, FL 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2755 MONTICELLO WAY

KISSIMMEE, FL 34741

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:

Enter Florida street address

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ABREU, DENISE	7926 STIRLING BRIDGE BLVD S	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ABREU, FERNANDO	7926 STIRLING BRIDGE BLVD S	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CAMILA LAURA CECILIO SEBASTIAO	2755 MONTICELLO WAY	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROBERTO LOVESIO	2755 MONTICELLO WAY	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input 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

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Dated June, 13

2023

Signature of a member or authorized representative of a member

FERNANDO ABKEU

Typed or printed name of signer