

Electronic Filing Menu Corporate Filing Menu

Help

H21000109397 3

COVER LETTER

TO:	Registration Section
	Division of Corporations

NEÓBIT LLC

SUBJECT:

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

Sousa & Associates Inc

Finn/Company

5728 Major Blvd, Ste 309

Address

Orlando, FL 32819

City/State and Zip Code

documents@sousanassociates.com

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

For further information concerning this matter, please call:

 Maria C Sousa
 407
 800-7028

 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

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)

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

H21000109397 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEOBIT LLC		
(<u>Name of the Limited Limited Limited</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000051724</u> This amendment is submitted to amend the following:		and assigned
A. If amending name, <u>enter the new name of the limited liab</u>	<u>sility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRESS)</u>	<u></u>	
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:



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>	Name	Address	Type of Action
AMBR	DA COSTA, JEAN CARLOS	AV PREF JOSE JUVENAL MAFRA, 7480	🖸 Add
		NAVEGANTES, SANTA CATARINA, 88375-000	
			🗖 Change
AMBR	A DA COSTA, VANDERLEIA	AV PREF JOSE JUVENAL MAFRA, 7480	ŪAdd
		NAVEGANTES, SANTA CATARINA, 88375-000	Remove
			🖸 Add
			□Remove
			①Change
			🗋 Add
			Remove
			🗆 Change
		<u></u>	🗋 Add
			🗆 Remove
			□ Change
			🗆 Add
			Remove
			🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

March 17	2021	
Dated	Jean Cartos da Costa	
<u></u>	Signature or I new file. Spattap (Morrel Research & dra file and provide and the second secon	

JEAN CARLOS DA COSTA

Typed or printed name of signee