

# L19000055908

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 : ITAX GROUP, LLC  
Account Number : 1201-0000115  
Phone : (813)882-8426  
Fax Number : (813)854-0263

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

Email Address: hrcpassionfoods@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BRAZILIAN PASSION FOODS, LLC

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DIVISION OF CORPORATIONS  
FLORIDA

FILED  
2023 NOV -1 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRAZILIAN PASSION FOODS, 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:

CARLA GOMES COELHO

\_\_\_\_\_  
Name of Person

BRAZILIAN PASSION FOODS, LLC

\_\_\_\_\_  
Firm/Company

12911 SUNSTONE AVE #11202

\_\_\_\_\_  
Address

ORLANDO FL 32832

\_\_\_\_\_  
City/State and Zip Code

BRPASSIONFOODS@GMAIL.COM

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

For further information concerning this matter, please call:

CARLA GOMES COELHO

407

785-9273

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 NOV - 1 PM 4:43

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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 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

BRAZILIAN PASSION FOODS, 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 02/26/2019 and assigned  
Florida document number Li9000055908

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)

12911 SUNSTONE AVE #11202

ORLANDO FL 32832

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12911 SUNSTONE AVE #11202

ORLANDO FL 32832

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:

ITAX GROUP LLC

New Registered Office Address:

4040 W WATERS AVE STE 102

Enter Florida street address

TAMPA

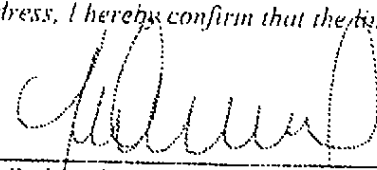
City

Florida 33614

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	CARLA GOMES COELHO	12911 SUNSTONE AVE #11202	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RENATA V. BRAGA	12911 SUNSTONE AVE #11202	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PINTO JUNIOR, MANUEL ANT	14412 ORCHARD HILLS BLVD	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DELCILIO PINTO, ELAINE	14412 ORCHARD HILLS BLVD	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input checked="" 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

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

[illegible]

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 OCTOBER 9 2023

Signature of a member or authorized representative of a member

CARLA GOMES COELHO

Typed or printed name of signee