L19000105691

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000259425 3)))

H25000259425 3ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
2025 JUL 24 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

From:
Account Name : INC SOLUTIONS LLC
Account Number : I20190000050
Phone : (888)406-7602
Fax Number : (305)925-1124

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

Email Address: COID665@INC SOLUTIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ISABEL OLIVEIRA LLC

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

Electronic Filing Menu Corporate Filing Menu Help

K. SALY
JUL 24 2025

COVER LETTER

(((H25000259425 3)))

TO: **Registration Section**
Division of Corporations

SUBJECT: ISABEL OLIVEIRA 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:

DIECSON VILARINO
Name of Person

INC SOLUTIONS, LLC
Firm/Company

28 W FLAGLER ST, STE 300B
Address

MIAMI, FL 33130
City/State and Zip Code

COID665@INC.SOLUTIONS
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIECSON VILARINO at (888) 406-7602
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(((H25000259425 3)))

FILED
2025 JUL 24 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISABEL OLIVEIRA 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 04/17/2019 and assigned Florida document number L19000105691.

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) _____

_____

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: _____

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
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

(((H25000259425 3)))

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

Title	Name	Address	Type of Action
AMBR	CRISTIANE OLIVEIRA MIRISOLA	Alameda Pico da Neblina 58, #228	☐Add
		Santana de Parnaiba, SAO PAULO 06544-440 BR	☒Remove
			☐Change
AMBR	CRISTIANE OLIVEIRA RODRIGUES	AV. CAUAXI 370, APT 73	☒Add
		BARUERI, SP 06454-020, BRAZIL	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☒Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

FILED
2025 JUL 24 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H25000259425 3)))

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

FILED
2025 JUL 24 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 JULY 23rd, 2025.

_____
Signature of a member or authorized representative of a member

EDUARDO OLIVEIRA RODRIGUES
Typed or printed name of signee

Filing Fee: $25.00