

12/18/24, 10:44 AM

Division of Corporations

L19000160651

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H240004154103)))



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To:

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

From:

Account Name : CKO CONSULTING AND TAX SERVICES LLC  
Account Number : 120220000100  
Phone : (321)366-0510  
Fax Number : (321)366-0511

\*\*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  
IRROBA USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu  
K. SALY

Help

DEC 19 2024

TO: Registration Section  
Division of Corporations

SUBJECT: IRROBA USA 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:

CRISTIANE OLIVEIRA SILVA  
Name of Person  
CKO CONSULTING AND TAX SERVICES LLC  
Firm/Company  
7065 WESTPOINTE BLVD STE 303  
Address  
ORLANDO - FL - 32835  
City/State and Zip Code  
CEO@CKOACCOUNTINGSERVICES.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTIANE OLIVEIRA SILVA 321 366 0510  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

*11-16-2024/154103 ABG/V*

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

IRROBA USA LLC

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

FILED  
2024 DEC 18 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/27/2019 and assigned  
Florida document number L19000160651

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:

7065 WESTPOINTE BLVD STE 303

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO - FL - 32835

Enter new mailing address, if applicable:

7065 WESTPOINTE BLVD STE 303

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO - FL - 32835

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:

CKO CONSULTING AND TAX SERVICES LLC

New Registered Office Address:

7065 WESTPOINTE BLVD STE 303

*Enter Florida street address*

ORLANDO

Florida 32835

*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.*

*Robert S. Ornelas*

If Changing Registered Agent, Signature of New Registered Agent

1126-1154103 ACK

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	Roberto Carlos de Pascale	7065 WESTPOINTE BLVD STE 303	<input type="checkbox"/> Add
		ORLANDO - FL - 32835	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Rodrigo Carvalho dos Santos	7065 WESTPOINTE BLVD STE 303	<input type="checkbox"/> Add
		ORLANDO - FL - 32835	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLEARINGHOUSE  
FLORIDA

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11/21/2024 11:49 AM

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

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2024 DEC 18 PM 4:13  
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 DECEMBER 18th 2024

Roberto Carlos de Pascale  
Signature of a member or authorized representative of a member

ROBERTO CARLOS DE PASCALE

Typed or printed name of signer