12/27/2021 Page:

10:33 AM

TO:18506176383 FROM:4073703120

Division of Corporations 12/27/21, 1:23 PM

# Florida Department of State

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.

(((H21000468505 3)))



H210004685053ABC+

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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686 : (407)370-3120 Fax Number

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

Email Address: MAYRA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SANTUS & PERUCHI LLC**

	and the same and with the property for the same and the
Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

C. BRIMBLEY
DEC 28 WILL

Electronic Filing Menu

Corporate Filing Menu

Help

Page: '3 12/27/2021 10:33 AM TO:18506176383 FROM:4073703120

### COVER LETTER

TO: Registration Se Division of Cor			
	PERUCHI LLC		
SUBJECT:	Name of Lim	ited Liability Company	* -
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CAROLINE LARSON		
		Name of Person	
	INTERNATIONAL DIVI	SION BY LARSON LLC	
		Firm/Company	
	7901 KINGSPOINTE PK	WY STE 15	
		Address	
	ORLANDO, FL 32819		
		Name of Limited Liability Company  and fee(s) are submitted for filing.  eming this matter to the following:  INE LARSON  Name of Person  ATIONAL DIVISION BY LARSON LLC  Firm/Company  NGSPOINTE PKWY STE 15  Address  DO, FL 32819  City/State and Zip Code  arsonacc.com  E-mail address: (to be used for future annual report notification)  is matter, please call:  at (407 3703686  at (Area Code Daytime Telephone Number  amount:  D Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address:  Registration Section	
	mayra@larsonacc.com	to be made and and	(fostion)
For firsher information of			inication
	oncerning one matter, prease c		
CAROLINE LARSON		at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration			ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee			Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

Page: 2 12/27/2021 10:33 AM TO:18506176383 FROM:4073703120

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANTUS & PERUCHI LLC			
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our reco d Liability Company)	rds.)
The Articles of Organization for this Limited I Florida document number L19000160953	iability Compar	ny were filed on 06/18/2019	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lis	ability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liz	bility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	202I
(Principal office address MUST BE A STREET ADDRESS)			<del></del>
			2
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
		<del> </del>	
B. If amending the registered agent and/or agent and/or the new registered office address		e address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
	office address MUST BE A STREET ADDRESS)  mailing address, if applicable:  Indirect MAY BE A POST OFFICE BOX)  Indirect May be a post of the new registered office address on our records, enter the name of the new registered for the new registered office address here:  N/A  N/A  N/A  N/A  N/A		
		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

Page: 4 12/27/2021 10:33 AM TO:18506176383 FROM:4073703120

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	<u>Name</u>	Address	Type of Action
AMBR	CELENA MARGARETE PERUCI	RUA AUGUSTO PRESGRAVE 260	<b>≣</b> Add
		RIO DE JANEIRO, RJ 22793-730 BR	□Remove
			Change
AMBR	RAFAEL PERUCHI CARVALHO	RUA AUGUSTO PRESGRAVE 260	
		RIO DE JANEIRO, RJ 22793-730 BR	□Remove
			Change
AMBR	RENATA PERUCHI CARVALHO	RUA AUGUSTO PRESGRAVE 260	<b>=</b> Add
		RIO DE JANEIRO, RJ 22793-730 BR	□ Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Remove
			Change
<del></del>			□ Add
			Remove
			□Change

	<u></u>			_
				_
	3333333 <sub>11</sub>			_
				_
				_
	<del></del>	<u> </u>		_
				<del></del>
	<del></del>	<del></del>		
				_
		-		
				_
				<del></del>
Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	does not meet the applicat	o date of filing or more than 9 ble statutory filing require	(optional) 10 days after filing.) Pursuant to ements, this date will not be	605.0207 listed as
e record specifies a delayed effective d	ate, but not an effective tim	ne, at 12:01 a.m. on the ea	rlier of: (b) The 90th day a	ifter the
rd is filed.				
	2021			
rd is filed.  DEZEMBRO, 27  Dated	Ricardo SCarvalho			

Page: 5 12/27/2021 10:33 AM TO:18506176383 FROM:4073703120