

H190003351113

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number: (250)617-6383

From:

Account Name: TAXLEAF.COM INC
Account Number: 120140000094
Phone: (305)541-3980
Fax Number: (888)772-8108

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
MALPIGHI-TEIXEIRA LLC

Certificate of Status	0
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R. WHITE
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2019 NOV 14 PM 3:44 PM

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2019 NOV 14 PM 3:44

MALPICHU-TEIXEIRA 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 07-02-2019 and assigned
Florida document number: L19000172543

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 office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3111 N UNIVERSITY DR STE 105

CORAL SPRINGS, FL 33065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3111 N UNIVERSITY DR STE 105

CORAL SPRINGS, FL 33065

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:

CSIRA LLC

New Registered Office Address

1549 NE 123RD ST

Enter Florida street address

NORTH MIAMI

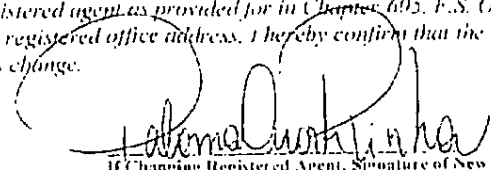
City

Florida 33161

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

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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	MALDOUGNARD JAMES MARIA CAROLINA	3111 N UNIVERSITY DR STE 105	☐ Add
		CORAL SPRINGS, FL 33065	☐ Remove
			☐ Change
AMBR	TEIXEIRA, DOUGLAS	3111 N UNIVERSITY DR STE 105	☒ ☐ Add
		CORAL SPRINGS, FL 33065	☐ Remove
			☐ Change
MGR	CSIRA LLC	1549 NE 123RD ST	☒ ☐ Add
		NORTH MIAMI, FL 33161	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change



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GIN: K4-2861272

(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 405 (b)(7) (3)(h)

201
Schlunke

Signature of a member or authorized representative of a member

Signature of member

Typed or printed name of signer

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