

2/6/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L19000224940**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : 120160000067

Phone : (407)370-3686

Fax Number : (407)370-3120

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

Email Address: consulting.juliana@brsonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LIFESTYLES VALET WASTE REMOVAL LLC

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LIFESTYLES VALET WASTE REMOVAL 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:

CAROLINE LARSON

Name of Person

LARSON ACCOUNTING GROUP

Firm/Company

7901 KINGSPONTE PARKWAY STE 17

Address

ORLANDO FL 32819

City/State and Zip Code

CONSULTING.JULIANA@LARSONACC.COM

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

For further information concerning this matter, please call:

PAULO TOLEDO

407 370.3686

at ( )

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LIFESTYLES VALET WASTE REMOVAL 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 SEP 05, 2019 and assigned  
Florida document number L19000224940.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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

DocuSign Envelope ID: 2D9E9787-5330-4171-AC9A-4F3FC1D708AE

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>
MGR	BRISA AMERICA CORP	1420 CELEBRATION BLVD. STE 200	<input type="checkbox"/> Add
		CELEBRATION, FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GIDDENS HOME CARE LLC	1420 CELEBRATION BLVD. STE 200	<input type="checkbox"/> Add
		CELEBRATION, FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAYCEE A SALDO-GIDDENS	1420 CELEBRATION BLVD. STE 200	<input checked="" type="checkbox"/> Add
		CELEBRATION, FL 34747	<input 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

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STATE  
TALLAHASSEE FL

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

N/A

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SECRETARY OF STATE  
TALLAHASSEE, FL

**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 FEBRUARY 06th 2020

*Paulo Toledo*

\_\_\_\_\_  
Signature of a member or authorized representative of a member

BRISA AMERICA CORP (Represented by PAULO F DE VILHENA TOLEDO)

\_\_\_\_\_  
Typed or printed name of signee