

27. 10. 17

COVER LETTER

TO: Registration Section
Division of Corporations
VIEIRA MANGINI LLC

SUBJECT: _____
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:

CELSO MORAES

Name of Person

ASSELFIS INTERNATIONAL LLC

Firm/Company

7901 KINGSPONTE PARKWAY SUITE 10

Address

ORLANDO FL 32819

City/State and Zip Code

VICTORIA@ASSELFIS.COM

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

For further information concerning this matter, please call:

Victoria Moraes

407

826-1034

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



2020 08 12 PM 8:07

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2020

CELSO MORAES
7901 KINGSPONTE PKWY STE 10
ORLANDO, FL 32819 US

SUBJECT: VIERA MANGINI LLC
Ref. Number: W20000088426

We have received your document for VIERA MANGINI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can find no record of the entity named in your document. If this is the correct name, please provide us with the document number, or any other documentation supporting that this entity is registered with the Division of Corporations.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 420A00015211

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

Viera Mangini LLC

2019 27 10:17

(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 10/11/2019 and assigned Florida document number L19000257027.

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)

7901 KINGSPONTE PARKWAY

SUITE 10

ORLANDO FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7901 KINGSPONTE PARKWAY

SUITE 10

ORLANDO FL 32819

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:

ASSELFIS INTERNATIONAL LLC

New Registered Office Address:

7901 KINGSPONTE PARKWAY SUITE 10

Enter Florida street address

ORLANDO

Florida 32819

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

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	DE MIRANDA VIEIRA, ROBERTA M	Rua Erico Verissimo N 199 Itaigara	<input type="checkbox"/> Add
		Salvador - Bahia 41815340 BR	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MIRALLES DE FIGUEIREDO, RODRIGO M	Rua Erico Verissimo N 199 Itaigara	<input type="checkbox"/> Add
		Salvador - Bahia 41815340 BR	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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 June 19, 2020

Celso Moraes - Authorized Representative of a Member

Typed or printed name of signee