

7/16/24, 9:27 AM

Division of Corporations

L19000265186

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((11240002406103)))



H240002406103ABC1

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 : DOSSANTOS AND MACHADO, LLC
Account Number : 120140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

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

Email Address: INFO@GFSTAYACCOMMODATION.COM

FILED
2024 JUL 16 AM 4:06
TALLAHASSEE, FLORIDA

RECEIVED
2024 JUL 16 AM 10:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WATERLOO GROUP HOLDINGS LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

Electronic Filing Menu Corporate Filing Menu Help

K. SALY

JUL 17 2024

COVER LETTER

JUL 16 2024 02:40:00 PM

**TO: Registration Section
Division of Corporations**

SUBJECT: WATERLOO GROUP HOLDINGS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

GILVAM F DOS SANTOS

Name of Person

GFS TAX & ACCOUNTING SERVICES

Firm/Company

11764 W SAMPLE RD - STE 102

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

INFO@GFSTAXACCT.COM

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

For further information concerning this matter, please call

GILVAM F DOS SANTOS

954

957 3244

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

WATERLOO GROUP HOLDINGS LLC

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

FILED
2024 JUL 16 AM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/22/2019 and assigned
Florida document number 119000265186.

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)

Enter new mailing address, if applicable:

(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:

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

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

19542524650(10-33)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LUIZ EDUARDO DE FRANCA P	RUA ROSENE DOS PASSOS JUNIOR 26	☐ Add
		ITANHAEM, SP 11740-000 BR	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2024 JUL 16 AM 14:09
FILED
RECEIVED
FEDERAL RESERVE BANK
OF CHICAGO
COMMERCIAL AND FINANCIAL
INSTRUMENTS SECTION

(7) 124000240610 3-1)

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

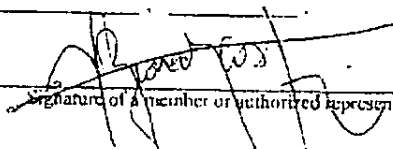
2024 JUL 16 AM 4:00
RECEIVED
TALLAHASSEE FLORIDA

FILED

F. 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 07/16/2024



Signature of a member or authorized representative of a member
AMBR - LOURDES B COSTA

Typed or printed name of signee

Filing Fee: \$25.00