

L19000273520

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.

((H20000265871 3)))



H200002658713ABC+

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 : US TAX CONSULTING INC
Account Number : 120160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

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

Email Address: _____

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
20 AUG -6 AM 11:45

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAYOUT RENOVATION LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

2020 AUG -6 PM 12:19

V. SULKER

AUG 07 2020

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
LAYOUT RENOVATION LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 11/01/2019 and assigned Florida document number .

Florida document number: L19000273520.

Article I

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."

Article II

Enter new principal offices address, if applicable:

(Principal office address *MUST BE A STREET ADDRESS*)

12261 LEXINGTON PARK DRIVE, APT 305, WESTCHASE, FL 33626

Enter new mailing address, if applicable:

(Mailing address *MAY BE A POST OFFICE BOX*)

12261 LEXINGTON PARK DRIVE, APT 305, WESTCHASE, FL 33626

Article IV

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: WILLIAM DE SOUZA

New Registered Office Address: 12261 LEXINGTON PARK DRIVE, #305, WESTCHASE, FL 33626

New Registered Agent's Signature, if changing Registered Agent:



Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

FILED
CLERK OF STATE
CORPORATIONS
20 AUG -6 AM 11:45

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	Name	Address	Type of Action
AMBR	PRATA, ROBERTO	10810 NORTHHOLT CT	REMOVE <input checked="" type="checkbox"/>
		TAMPA, FL 33626	ADD <input type="checkbox"/>
Title	Name	Address	Type of Action
AMBR	PRATA, MARCOS	11548 CITRA CIRCLE, APT 303	REMOVE <input checked="" type="checkbox"/>
		WINDERMERE, FL 34786	ADD <input type="checkbox"/>
Title	Name	Address	Type of Action
AMBR	LOPES CUNHA DE SOUZA, SABRINE	12261 LEXINGTON PARK DR. #305	REMOVE <input type="checkbox"/>
		WESTCHASE, FL 33626	ADD <input checked="" type="checkbox"/>
Title	Name	Address	Type of Action
AMBR	LOPES CUNHA PEREIRA, CAROLINE	CASA LAGO LANE #202B	REMOVE <input type="checkbox"/>
		TAMPA, FL 33626	ADD <input checked="" type="checkbox"/>
Title	Name	Address	Type of Action
AMBR	PEREIRA, MARCO LUIZ	CASA LAGO LANE #202B	REMOVE <input type="checkbox"/>
		TAMPA, FL 33626	ADD <input checked="" type="checkbox"/>

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

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: 08-04-2020


Signature of a member or authorized representative of a member

WILLIAN DE SOUZA / AMBR

Typed or printed name of signee