## 19000 274052

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PICK-UP WAIT MAIL
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## **COVER LETTER**

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**Registration Section** 

TO:

Division of Cor	porations				
S&V CAR' SUBJECT:	VALHO ACESSORIA LLC	-			
Jobane I.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	SAMUEL PASCOAL CA	RVALHO			
	Name of Person				
	S&V CARVALHO ACES	SORIA LLC			
		Firm/Company			
	3808 CRYSTAL LAKE D	R 213			
		Address			
	POMPANO BEACH FL 33064				
		City/State and Zip Code	<del> </del>		
	E-mail address: (	to be used for future annual report no	tification)		
For further information c	oncerning this matter, please ea	all:			
SAMUEL CARVALHO		786 816-1876 at ( )			
Name of Person			me Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S	Section	Street Address: Registration So			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street. Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S&V CARVALHÓ ACESSORIA LLC	any as it now appears on our records.)
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.19000274052}{1.19000274052}$ .	were filed on 11/04/2019 23 and assigned T
This amendment is submitted to amend the following:	- <b>5</b>
A. If amending name, enter the new name of the limited liab	pility company here:
S&V CARVALHO LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	243 SW 35 AVE
(Principal office address MUST BE A STREET ADDRESS)	DEERFIELD BEACH FL 33442
Enter new mailing address, if applicable:	243 SW 35 AVE
(Mailing address MAY BE A POST OFFICE BOX)	DEERFIELD BEACH FL 33442
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Enter Florida strevt address
	, Florida City
	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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
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			□Change

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f an ei N <u>ote:</u>	five date, if other than the date of filing:
reco d is f	rd 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 fied.
Datec	Somuel Pascon Cowalho
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00