# WL19000088568

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) ☐ WAIT PICK-UP MAIL (Business Entity Name) (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_ Special Instructions to Filing Officer:

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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Ze uz Design 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:
Maria Madalena Caldas - Lopes Name of Person
Made In Brazil Services Firm/Company
12811 Henwood Love Ste #208 Address
Fort Myers - FL. 33907 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria M. Caldes - Lopes at (739) 362-3121  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\ \begin{array}{c} \$30.00 \text{ Filing Fee & Certificate of Status} \end{array} \Bigsigma \$\\$55.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \end{array} \Bigsigma \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \end{array}

### MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited Liability Compa	ign (op as It now appears on our records.) Clability Company)
The Articles of Organization for this Limited Liability Company Florida document number 190085568	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
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:	12811 Kenwood lane
Principal office address MUST BE A STREET ADDRESS)	Suite 208
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Fort Myers, FL 33907  12811_Kanuccol Lane  Suite 208  Fort Myers, FL 33907
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new e:
Name of New Registered Agent: Made In	Brazil Services
New Registered Office Address: 12811 Ka	Enwood Lane Ste.#208 Enter Florida street address
Foot Myer	5, Florida <u>33907</u>

## 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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
MGR	Gabriel Roberto Da Luz	150 SE 2ND Avenue Ste 33	<u>54</u> □ Add
		Miami, FL 33131	Remove
			☐ Change
MGR	Martha Dzehne De Carva	12811 Kenwood Lane Sk	# 408 2. Add
		Fort Myers, H. 33907	Remove
			Change
			Add
			□ Remove
			□ Change
<del></del>			
			□ Remove
			Change
			🗆 Add
			□ Remove
			Change
	<del></del>		
			Remove
			☐ Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
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(if an effect Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _}	Overnoer 12th  Signature of a member or authorized representative of a member
	Gabriel Roberto Daluz Martha Dzerme De Carvalho Typed or printed name of signee

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Filing Fee: \$25.00