

12/6/23, 9:16 AM

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Division of Corporations  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : MEDEIROS SOUZA CORP  
Account Number : I20190000068  
Phone : (407)326-8484  
Fax Number : (407)604-6519

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

Email Address: contact@medeirosouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TPLL LLC

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

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TPLL 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:

Rubem Souza

Name of Person

Medeiros Souza corp

Firm/Company

1711 Amazing Way, Ste 213

Address

Ocoee, FL 34761

City/State and Zip Code

contact@medeirosouza.com

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

For further information concerning this matter, please call:

Rubem Souza

407 326 - 8484

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)

**MailingAddress:**

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

**StreetAddress:**

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

TPLL LLC

(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 11/25/2019 and assigned Florida document number L19000291781.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Pellegrini Construction LLC

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:

5787 Vineland Road

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

Suite 212

ORLANDO, FL 32819

Enter new mailing address, if applicable:

5787 Vineland Road

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

Suite 212

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:

MEDEIROS SOUZA CORP

New Registered Office Address:

1711 Amazing Way, Ste 213

*Enter Florida street address*

Orlando

*City*

Florida 34761

*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.*

*[Signature]*  
If Changing Registered Agent, Signature of New Registered Agent

9277  
11:23

**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>
AMBR	PELLEGRINI, ANDRE	5787 Vineland Road	<input type="checkbox"/> Add
		Suite 212	<input type="checkbox"/> Remove
		Orlando, FL, 32819	<input checked="" type="checkbox"/> Change
AMBR	T. CRUZ PELLEGRINI, SIMONE	5787 Vineland Road	<input type="checkbox"/> Add
		Suite 212	<input type="checkbox"/> Remove
		Orlando, FL, 32819	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. 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 Orlando , 12/06/2023



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Rubem Souza

\_\_\_\_\_  
Typed or printed name of signee