

L1900030370

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PRIME INCOME TAX AND ACCOUNTING LLC
Account Number : I20210000201
Phone : (561)409-3106
Fax Number : (561)952-0315

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

Email Address: PrimeIncomeTax1@Gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ARVVO TECHNOLOGIES LLC**

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARVVO TECHNOLOGIES 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:

RAFAELA NUNES VIEIRA

Name of Person

PRIME INCOME TAX AND ACCOUNTING LLC

Firm/Company

23269 STATE ROAD 7 SUITE 119

Address

BOCA RATON - FL - 33428

City/State and Zip Code

PRIMEINCOMETAXI@GMAIL.COM

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

For further information concerning this matter, please call:

RAFAELA NUNES VIEIRA

at 561 409-3106

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**

ARVVO TECHNOLOGIES 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 01/01/2020 and assigned
Florida document number L19000303370.

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

City

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANDRE GONCALVES BELLO	SQNW QUADAR 303 APT 108 BLOCO I - NOROES	<input checked="" type="checkbox"/> Add
		BRASILIA/DF/ BRASIL 70683-855	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESSICA THUANY R. FIGUEIREDO	RUA 33 SUL, APT 812 LOTE 05 - AGUAS CLARAS	<input checked="" type="checkbox"/> Add
		BRASILIA / DF/ BRASIL - 71930-250	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDRE LUIZ A. OLIVEIRA	SQN 106 APT 505 BLOCO J - ASA NORTE	<input checked="" type="checkbox"/> Add
		BRASILIA/DF/BRASIL - 70742-100	<input type="checkbox"/> Remove
			<input 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
			<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.)

PLEASE ADD NEW PARTNERS

ANDRE GONCALVES BELLO

JESSICA THUANY R. FIGUEIREDO

ANDRE LUIZ A. OLIVEIRA

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 SEPTEMBER 17TH

2024

Signature of a member or authorized representative of a member

HEBERT MATHEUS DE MOURA

Typed or printed name of signer

Filing Fee: \$25.00