L20000064142

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FILED 2020 DEC 26 AM IO: 16

2/4/21

COVER LETTER

TO:

Registration Section Division of Corporations

RODRIGU SUBJECT:	IES E PADUCAMPOS INVES	STMENTS LLC nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	BIANCA KEGEL				
		Name of Person			
	INTERTRADE FINANCIAL CONSULTING LLC				
Firm/Company					
	2186 NW 89 PL				
		Address			
	DORAL, FL. 33172				
		City/State and Zip Code			
	BIANCA@TAXSQUAD.N				
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c	all:			
BIANCA KEGEL		404 916-2018			
Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne 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 9 Division of C P.O. Box 632	Section forporations 7	Street Address: Registration Sed Division of Control The Centre of T	porations fallahassee		
Tallahassee, I	TL 32314	Tallahassee, FL	e Street, Suite 810 . 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RODRIGUES E PADUCAMPOS			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	<u> </u>
The Articles of Organization for this Limited 1		were filed on 02/27/2020	and assigned
Florida document number L20000064142	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lial	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREET ADDRESS)		N/A	
Inter new mailing address, if applicable:		N/A	2020 DEC
(Mailing address MAY BE A POST OFFICE BOX)			الد ي
			<u> </u>
If amending the registered agent and/or gent and/or the new registered office addre	•	address on our records, <u>enter (</u>	the name of the new regist
			రు
Name of New Registered Agent:	N/A	.	
New Registered Office Address:	N/A		
		Enter Florida street address	
			rida
		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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DENISE MARTINS SIMOES	6446 NW 103 PSGE	a Add
		DORAL, FL. 33178	□Remove
			□Add
			□Remove
			[199] The same of the s
			In the state of th
			□ Change □ Add
			□Remove
			

N/A	
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Effective date, if other than the date of filing:	(optional) r to date of filing or more than 90 days after tiling.) Pursuant to 605.0207 (3
Note: If the date inserted in this block does not meet the applie	cable statutory filing requirements, this date will not be listed as th
document's effective date on the Department of State's records	i.
e record specifies a delayed effective date, but not an effective t	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	, ,
NOVEMBER 11 2020	
Dated	·
Souls Dans	
Signature of a member or auth	norized representative of a member
ANGELA O RODRIGUES AMOLLA	in Padically
Typed or prin	ted name of signee

Filing Fee: \$25.00