

L20 0000 68784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

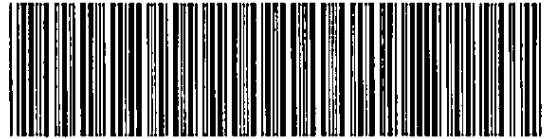
(Business Entity Name)

(Document Number)

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D. BRUCE  
OCT 19 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pereira Properties Company LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose Victor Silva Pereira

Name of Person

AES Accounting & Consulting LLC

Firm/Company

6965 Piazza Grande Avenue Suite 314

Address

Orlando/FL/32835

City/State and Zip Code

admin@aesaccounting.net

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

For further information concerning this matter, please call:

Alejandra Lopez

407

530 0958

Name of Person

at ( )

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

TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Pereira Properties Company 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 03/02/2020 and assigned  
Florida document number L20000068784.

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*

Florida

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ana Claudia Pereira P Domingues	Rua Colombia, 20. Apto 31.	<input checked="" type="checkbox"/> Add
		Santos, SP, 11045-320, BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Danielle Pereira P Domingues	Rua Colombia, 20. Apto 31.	<input checked="" type="checkbox"/> Add
		Santos, SP, 11045-320, BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gabriel Pereira P Domingues	Rua Colombia, 20. Apto 31.	<input checked="" type="checkbox"/> Add
		Santos, SP, 11045-320, BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marcus Roberto Silva Pereira	Rua Professor Torres Homem, 399, A.	<input checked="" type="checkbox"/> Add
		Santos, SP, 11025-021, BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maria Victoria C Silva Pereira	RUA PROFESSOR TORRES HOMEM, 186	<input type="checkbox"/> Add
		SANTOS, SP 11025-020 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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 August 5th 2020

Signature of a member or authorized representative of a member

Jose Victor Silva Pereira

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Typed or printed name of signee

**Filing Fee: \$25.00**