

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000044312 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

-		
	\sim	•
	w	

Division of Corporations

Fax Number : (850)617-6383

From:

ښ

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 Phone

Fax Number : (561)214-8442

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

Email	Address:	 _
		_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CELEBRATION EMPREENDIMENTOS E PARTICIPAÇÕES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Help 0 3 2023

£5.

CELEBRATION EMPREENDIMENTOS E PARTICIPACOES LLO

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ted Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
iability Company v	were filed on <u>07/14/2020</u>	and assigned	
owing:			
f the limited liabil	ity company here:		
ords "Limited Liabilit	y Company," the designation "LLC" o	r the abbreviation "L.L.C."	
able:	1071 Nash Dr.		
TADDRESS)	CELEBRATION, FL 34747		
<u>BOX)</u>	1071 Nash Dr. CELEBRATION, FL 34747		
		ha	
1071 Nash Dr.	Emer Florida street address	11. EB -2 PH 2: 21	
CELEBRATION	City Flori	da	
	iability Company vocations owing: f the limited liability able: ET ADDRESS BOX registered office acts here: 1071 Nash Dr.	The limited liability company here: Sords "Limited Liability Company," the designation "LLC" of the limited Liability Company," the designation "LLC" of the limited Liability Company, the designation "LLC" of the liability Company, the liabilit	

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 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
AMBR	SALLES DE S SANTOS, ISABELLA	1507 HUBBARD CT	□Add
		CELEBRATION, FL 34747	Remove
			☐ Change
AMBR	SALLES DE S SANTOS, RAFAEL	1507 HUBBARD CT	□Add
		CELEBRATION, FL 34747	■Remove
			☐ Change
MGR	Cláudia Negrini Salles	1071 Nash Dr.	∃Add
		CELEBRATION, FL 34747	□ Remove
			□Change
MGR	Thareisio Araujo Dias de Souza Santos	1071 Nash Dr,	
		CELEBRATION, FL 34747	□Remove
			□Change
			Change
			🗆 Add
			Remove
			□Change

- 		
		
		
		-
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I	lock does not meet the applicable	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605,0207 statutory filing requirements, this date will not be listed as
f the record specifies a delayed effecti ecord is filed.	ve date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated February 1	2023	
Law Ulland		
Van Circuit	Signature of a member or authorize	od programutativa of a marphar

Filing Fee: \$25.00

Typed or printed name of signee