

(((H20000380819 3)))

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L20000218347

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.

(((H20000380819 3)))



H200003808193ABC+

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

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

From:
Account Name : INC SOLUTIONS LLC
Account Number : I20190000050
Phone : (888)406-7602
Fax Number : (305)925-1124

2020 NOV -3 AM 11:36
FILED

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

Email Address: SUNBIZ@INC.SOLUTIONS

RECEIVED

2020 NOV -3 PM 2:11

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PERSONNALITE LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

(((H20000380819 3)))

COVER LETTER

(((H20000380819 3)))

TO: Registration Section
Division of Corporations

SUBJECT: PERSONNALITE 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:

DIECSON VILARINO

Name of Person

INC SOLUTIONS LLC

Firm/Company

28 W FLAGLER ST STE 300B

Address

MIAMI, FL 33130

City/State and Zip Code

SUNBIZ@INC.SOLUTIONS

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

For further information concerning this matter, please call:

DIECSON VILARINO

786 870-1573
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)

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

(((H20000380819 3)))

ARTICLES OF AMENDMENT (((H20000380819 3)))
TO
ARTICLES OF ORGANIZATION
OF

PERSONNALITE 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 07/22/2020 and assigned
Florida document number L20000215347.

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

(((H20000380819 3)))

(((H20000380819 3)))

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 | SANTOS REIS, MARCUS V. | 650 NE 32ND ST, APT 2107 | <input type="checkbox"/> Add |
| | | MIAMI, FL 33137 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | DOS SANTOS, GERALDO A. | 1415 W NORTH ST, APT 921 | <input type="checkbox"/> Add |
| | | ANAHEIM, CA 92801 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ABREU, MANOEL A. | 7701 WARNER AVE, APT D54 | <input type="checkbox"/> Add |
| | | HUNTINGTON BEACH, CA 92647 | <input checked="" 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 |

2022 NOV 17 AM 11:36
FILED

(((H20000380819 3)))

