

LZO 000 253121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

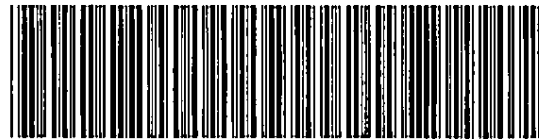
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400352228804

09/17/20--01018--028 ++25.00

NO. 1018 OF 3410
FILED OF CORP. DIVISION
SEP 17 2020 11:18 PM

2020 SEP 17 PM 6:25

FILED

OCT 26 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERUNITED FC 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:

Carlos Roberto Morais dos Santos

Name of Person

Firm/Company

149 Chaucer Ave

Address

Davenport Florida 33896

City/State and Zip Code

Interusa3323@gmail.com

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

For further information concerning this matter, please call:

Carlos Roberto Morais dos Santos

321
at ()

333-6986

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**

Interunited FC 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 Electronic

Florida document number L20000253121

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Interunited FC LLC

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)

149 Chaucer Ave

Davenport Florida 33896

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:

Carlos Roberto Morais dos Santos

New Registered Office Address:

149 Chaucer Ave

Enter Florida street address

Davenport

City

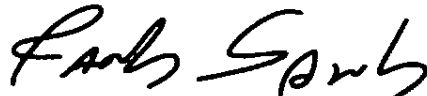
Florida

33896

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

FILED
2020 SEP 17 PM 6:25
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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	Carlos Santos	149 Chaucer Ave Davenport Florida 33896	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ana Santos	149 Chaucer Ave Davenport Florida 33896	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Carolina Santos	149 Chaucer Ave Davenport Florida 33896	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carlos Roberto Morais dos Santos	149 Chaucer Ave	<input checked="" type="checkbox"/> Add
		Davenport Florida 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Carolina Sacchi Santos	149 Chaucer Ave	<input checked="" type="checkbox"/> Add
		Davenport Florida 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Ana Lucia Sacchi Santos	149 Chaucer Ave	<input checked="" type="checkbox"/> Add
		Davenport Florida 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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 09 2020

Paul Spaul

Signature of a member or authorized representative of a member

Carlos Roberto Moraes dos Santos

Typed or printed name of signee

Filing Fee: \$25.00