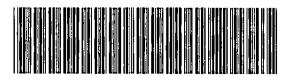
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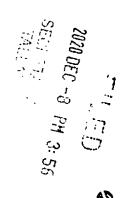
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special mediations to rining chiest.





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LA-1/21/21

COVER LETTER

TO:

TO: Registration Section Division of Corporations	,
SUBJECT: Almeida Equity holding	3 LLC
Name of Limited Liability (Company
The enclosed Articles of Amendment and fee(s) are submitted for fil	ing.
Please return all correspondence concerning this matter to the follow	ing:
Pedro Almeio	do of Person
Almeida Carily had	dings LLC Company
2010 Sw Jame	Sport Dr Ires
Port St Lucio 1 City/State a Almoidaacqui Siti E-mail address: (to be used for	FL 34953 and Zip Code and Separal Com future annual capart notification)
For further information concerning this matter, please call:	
Pedro Almeida at (ea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certif	Filing Fee & S60.00 Filing Fee. Yed Copy 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

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.

Circ

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>	Name	Address	Type of Action
MGR	Pedro Almeida	2010 Sw Jamesport Bu	_ DAdd
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(If an effe <u>Note:</u>	re date, if other than the date of filing:
	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
Dated_	December 3 2020.
	Signature of a member or authorized representative of a member
	Pedro Almeida
	Typed or printed name of signee

. ,

Filing Fee: \$25.00