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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		RESENDE INVESTMENTS L	i.C	
	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		LELIO YAMAO		
			Name of Person	
		TAX SOLUTIONS & BO	OKKEEPING LLC	
			Firm/Company	
		7751 KINGSPOINTE PKV	WY - STE 119	
			Address	,, <u></u>
		ORLANDO, FL 32819		
			City/State and Zip Code	
		COMMERCIAL.TAXSOL	UTIONS@GMAIL.COM	
		E-mail address: (to be used for future annual report notifi-	eation)
For furthe	er information co	oncerning this matter, please ca	all:	
LELIO Y	'AMAÖ		407 930-0829 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SORAYA RESENDE INVESTME				
(Name of the Limite	ed Liability Compa (A Florida Limited)	inv as it now appears on our reco Liability Company)	rds.)	
The Articles of Organization for this Limited Li lorida document number $\frac{L21000022480}{L21000022480}$	ability Company	were filed on 01/08/2021	and as	ssigned
his amendment is submitted to amend the follo	owing:			
. If amending name, enter the new name of	the limited liab	oility company here;		
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company "the designation "LI	f" or the abbrevious "	
nter new principal offices address, if applica		5796 BIMINI TWIST LOOF		
Principal office address MUST BE A STREE	T ADDRESS)	ORLANDO, FL 32819	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I	B <i>OX</i>)	5796 BIMINI TWIST LOOF ORLANDO, FL 32819	F. FLORIDA	السديا
. If amending the registered agent and/or the new registered of	or registered of fice address her	ffice address on our recor <u>e</u> :	ds, <u>enter the name</u>	of the
Name of New Registered Agent:	SORAYA AVI	ILA RESENDE		*****
New Registered Office Address:	5796 BIMINI 1			
		Enter Florida street addr	CSS	
	ORLANDO	I	Florida 32819	
		Chy	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.

f 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>	Type of Action
AMBR	SORAYA AVILA RESENDE	5796 BIMINI TWIST LOOP	
		ORLANDO, FL 32819	
			Remove
			Change
	INGRID AVILA RESENDE	670/ DIMBU TWICT LOOP	- Change
AMBR	INORID AVILA RESENDE	5796 BIMINI TWIST LOOP	□ Add
		ORLANDO, FL 32819	
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days: If the date inserted in this block does not meet the applicable statutory filing requirement	s after filing a Pursuant to 605 02
ment's effective date on the Department of State's records.	is, this date will not be fisted
ecord specifies a delayed effective date, but not an effective time, at 12 ne 90th day after the record is filed.	:01 a.m. on the earlier
d <u>APRIL 15</u> . <u>2021</u> .	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00