

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H22000388879 3)))



H220003888793ABCE

**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 : PRIME ACCOUNTING & CONSULTANCY LLC  
Account Number : I20180000090  
Phone : (407)232-6777  
Fax Number : (407)710-0533

2022 NOV 17 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GLOBAL SHORE INTERNATIONAL TRADING LLC**

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

C. BRUMBLEY

NOV 15 2022

Electronic Filing Menu

Corporate Filing Menu

Help

# COVER LETTER

((H22000388879 3)))

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GLOBAL SHORE INTERNATIONAL TRADING 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:

FELIPE D MARDAKIS

Name of Person

ASCENT ACCOUNTING GROUP

Firm/Company

7345 W SAND LAKE RD STE 209

Address

ORLANDO, FL. 32819

City/State and Zip Code

FILINGS@ASCENTACCOUNTING.COM

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

For further information concerning this matter, please call:

FELIPE D MARDAKIS

407

2326777

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

((H22000388879 3)))

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H22000388879 3)))

GLOBAL SHORE INTERNATIONAL TRADING 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 02/04/2021 and signed

Florida document number L21000062683.

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:**

6253 SUNSET ISLE DRIVE

**(Principal office address MUST BE A STREET ADDRESS)**

WINTER GARDEN, FL 34787 USA

**Enter new mailing address, if applicable:**

6253 SUNSET ISLE DRIVE

**(Mailing address MAY BE A POST OFFICE BOX)**

WINTER GARDEN, FL 34787 USA

**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**

(((H22000388879 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

((H122000388879 3)))

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALINE LOUREIRO MIRANDA	RUA MONSENHOR JERONIMO, 860, APTO 506	<input type="checkbox"/> Add
		ENGENHO DE DENTRO, RIO DE JANEIRO	<input type="checkbox"/> Remove
		RIO DE JANEIRO, BRAZIL, 20730-110	<input checked="" type="checkbox"/> Change
AMBR	FLAVIO HENRIQUE MAHONEY	RUA DOUTOR VALDIR COSTA, 826	<input type="checkbox"/> Add
		PIRATININGA, NITEROI	<input type="checkbox"/> Remove
		RIO DE JANEIRO, BRAZIL, 24350-015	<input checked="" type="checkbox"/> Change
AMBR	FABIANO GERBASI SARDINHA	6253 SUNSET ISLE DRIVE	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787 USA	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H122000388879 3)))

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

PLEASE, CONSIDER THE COMPLETE NAMES:

FLAVIO HENRIQUE MAHONEY NASCIMENTO SILVA

FABIANO GERBASI SARDINHA

**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 November 14th, 2022

IS Flavio Henrique Mahoney

Member or authorized representative of a member

FLAVIO HENRIQUE MAHONEY NASCIMENTO SILVA

Typed or printed name of signee