Florida Depositment of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number : 120160000060

Phone : (407)674-8969

Fax Number : (407)674-8970

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端 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOTECO DO MANOLO PRIME LLC

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION BOTECO DO MANOLO PRIME LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 03/04/2021 and assigned Florida document number: L21000104611.

| Article I | | | | |
|--|---------------|--|--|--|
| 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 Co designation "LLC" or the abbreviation "L.L.C." | mpany," the | | | |
| Article II | 200 | | | |
| 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) | 55: -7 | | | |
| Article IV | | | | |
| 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: | | | | |
| New Registered Agently Signature 16 housing David | | | | |

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 nereby confirm that the limited liability company has been notified in writing of this change.

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

| Title | Name | Address | Type of Action |
|-------|--------------------------------|-------------------------|----------------|
| AMBR | 431 EMR 22 INVESTMENTS LLC | 7573 GREEN MOUNTAIN WAY | REMOVE |
| | | WINTER GARDEN, FL 34786 | ADD |
| Title | Name | Address | Type of Action |
| AMBR | CLESTON SANTINO PEREIRA | 8035 CHILTON DRIVE | REMOVE |
| | | ORLANDO, FL 32836 | ADD 🗀 |
| Title | Name | Address | Type of Action |
| AMBR | ISMAIC JUCAL P SAMPAIO | 2606 SAN SIMEON WAY | REMOVE : |
| | | KISSIMMEE, FL 34741 | ADD |
| Title | Name | Address | Type of Action |
| AMBR | MAYCON JUCA SAMPAIO | 9223 PATRIMONIO LOOP | REMOVE :: |
| | | WINDERMERE, FL 34786 | ADD |
| Title | Name | Address | Type of Action |
| AMBR | PRODIGY SOURCES LLC | 9223 PATRIMONIO LOOP | REMOVE 📑 |
| | | WINDERMERE, FL 34786 | ADD 🔲 |
| Title | Name | Address | Type of Action |
| MGR | MARCELO VALIANTE | 9235 ROYAL ESTATES BLVD | REMOVE |
| | | ORLANDO, FL 32836 | ADD T |
| Title | Name | Address | Type of Action |
| MGR | ALESSANDRA SIGNORETTI VALIANTE | 9235 ROYAL ESTATES BLVD | REMOVE |
| | | ORLANDO, FL 32836 | ADD * |

| Title | Name | Address | Type of Action |
|-----------|-------------------------|---|--------------------------|
| AMBR | VALISPAR LLC | 9235 ROYAL FSTATES BLVD | REMOVE |
| | | ORLANDO, FL 32836 | ADD . |
| Title | Name | Address | Type of Action |
| AMBR | TOTALE LLC | 9235 ROYAL ESTATES BLVD | REMOVE |
| | | ORLANDO, FL 32836 | ADD |
| C. If ame | nding any other informs | ition, enter change(s) here: (Attazh additiona. | I sheets, if necessary.) |

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: Cotosca 04th 2023

Signature of a member or authorized representative of a member

Rodrigo Cavalcante / Accountant

Typed or printed name of signee