

h21 000216198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

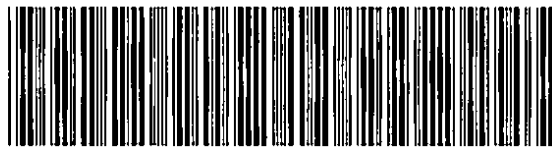
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DEC - 6 2021



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FILED
2021 DEC - 6 PM 5:05
SECRETARY OF STATE
TREASURY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2021

JOAO PAULO DE ALMEIDA
8080 ESSEX POINT CIRCLE
APT 3112
ORLANDO, FL 32819

SUBJECT: JP AZ INVESTMENTS LLC
Ref. Number: L21000216198

We have received your document for JP AZ INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 221A00026062

COVER LETTER

TO: Registration Section
Division of Corporations

JPAZ INVESTMENTS LLC

SUBJECT: _____

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following.

JOAO PAULO DE ALMEIDA

Name of Person

JPAZ INVESTMENTS LLC

Firm/Company

8080 ESSEX POINT CIRCLE, APT 3112

Address

ORLANDO, FL 32819

City/State and Zip Code

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

For further information concerning this matter, please call

JOAO PAULO DE ALMEIDA

407

973-0552

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

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

JP AZ INVESTMENTS 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 MAY 10, 2021 and assigned
Florida document number L21000216198

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:

7127 S ORANGE AVE

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32809

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:

T&B CONSULTING

New Registered Office Address:

1650 SAND LAKE RD, STE 233

Enter Florida street address

ORLANDO

City

Florida

32809

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

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>
MGRM	GUILHERME DOS REIS	218 RIDGEMONT CT	<input checked="" type="checkbox"/> Add
		DAVENPORT, FL 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARCELO ALVES	390 HIDDEN PALM CIRCLE	<input checked="" type="checkbox"/> Add
		APT 304	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34747	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and date certain.)

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

OCTOBER 13
Dated

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00