## 121000269937

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
6110/22	7



100391359251

08/03/22--01020--023 \*\*35.50

Office Use Only

## **COVER LETTER**

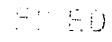
TO: Registration Division of O	section Corporations		
	STA LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	ALEXANDER BAPTISTA	A DA COSTA	
		Name of Person	
	<u></u>	Firm/Company	
	4185 TURNBERRY CIR	APT 904	
	<del>- *::</del>	Address	<del> </del>
	LAKE WORTH, FL 3346	7	
	alex l baptista@gmail.com	City/State and Zip Code	
Can further in Commercia		to be used for future annual report not	fication)
	on concerning this matter, please c		
ALEXANDER BAPT		561 4127409 at ()	
Nan	ne of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	e □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration Se	ction
Division o	f Corporations	Division of Cor	rporations
P.O. Box 6	5327	The Centre of T	Fallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RAPTISTA LLC

2022 AUG -2 PM 4: 32

DAT HOLD CO. I. S. I. L. S. II. L. S.	Company and the same and the sa	us moords \	<del></del> -
(Name of the Limited Liability (A Florida L	Company as it now appears on o limited Liability Company)	Ed	. <u>6</u> 7. 3,4
The Articles of Organization for this Limited Liability Cor Florida document number L21000269937	mpany were filed on $\frac{06/10/20}{100}$	921	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	stion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
			<u></u> · · · <del>-</del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or registered	office address on our recor	ds, enter the nar	ne of the new registe
agent and/or the new registered office address here:			
Name of New Registered Agent:			, , , , , , , , , , , , , , , , , , ,
New Registered Office Address:	Enter Florida si	treet address	4
	<del></del>	, Florida _	Zip Code
	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 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>	Address	Type of Action
AMBR	SILVANA FARIA DE BAPTISTA	4185 TURNBERRY CIR APT 904	<b>≣</b> ∧dd
		LAKE WORTH. FL 33467	Remove
			□Add
			□ Remove
			□Add
		<del> </del>	□Remove
			☐ Change
	<del></del>		□Add
			Remove
			□Change
			□Add
			Remove
			☐ Change
			□Remove
			☐Change

		-
		•
		-
		-
		-
_		-
		-
_		-
		-
		-
		-
_		-
		_
		_
		-
		-
an effec lote: If	e date, if other than the date of filing:	
l is filed		er the
ated	November Bentista Da Costa  Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Meximalor Book Sta Da Costa Typed or printed name of signee	