

L21000285891

Florida Department of State
Division of Corporations
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H230003625023ABOX

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DOSSANTOS AND MACHADO, LLC
Account Number : I20140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@GFS TAX ACCT.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SETIN PROPERTIES LLC

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

H230003625023

TO: Registration Section
Division of Corporations

SUBJECT: SETIN PROPERTIES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and Resolutions are submitted for filing.

Please return all correspondence concerning this matter to the following:

GIUVAM F DOS SANTOS

Name of Person

GFS TAX & ACCOUNTING SERVICES

Firm Company

11764 W SAMPLE RD STE 102

Address

CORAL SPRINGS FL 33065

City/State and Zip Code

INFO@GFS TAXACCT.COM

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

For further information concerning this matter, please call:

GIUVAM F DOS SANTOS

052

0573344

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

H230003625023

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

SETIN PROPERTIES 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 06/18/2021 and assigned
Florida document number L21000285891.

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:

(Principal office address MUST BE A STREET ADDRESS)

404 BUENAVENTURA BLVD

KISSIMMEE FL 34743

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

404 BUENAVENTURA BLVD

KISSIMMEE FL 34743

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

MP

H230003625023

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>
MGR	OSMAR FARIAS GONCALVES	7571 GREENLAKE WY UNIT A	☐ Add
		BOYTON BEACH, FL 33436	☒ Remove
			☐ Change
AMBR	MARCELO HENRIQUE SETIN	404 BUENAVENTURA BLVD	☒ Add
		KISSIMMEE FL 34743	☐ Remove
			☐ Change
AMBR	ANGELA COLUSSI SETIN	404 BUENAVENTURA BLVD	☒ Add
		KISSIMMEE FL 34743	☐ Remove
			☐ Change
MGR	PABIANO MONTEIRO	404 BUENAVENTURA BLVD	☒ Add
		KISSIMMEE FL 34743	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

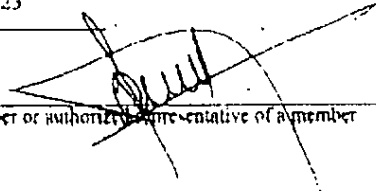
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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 OCTOBER 16 2023

Signature of a member or authorized representative of a member

OSMAR FARIAS GONCALVES

Typed or printed name of signee**Filing Fee: \$25.00**