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(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
	cument Number)	
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2022 HAR -8 PH 4: 15
SECRETARY OF STATE

A. BUTLER MAR 2 1 2022

TO: Registration Se Division of Cor			
SUBJECT:	AGUIA	R COMPANY LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Sonia Becerra	
		Name of Person	
		Swyft Filings	
		Firm/Company	
		3 Greenway Plaza #13	20
	Address Houston, TX 77046		
	· 	City/State and Zip Code	
	E-mail address: (paoguiar99@gmail.c	com
For further information c	oncerning this matter, please c		
Sonia B	ecerra	at (877)	777-0450
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
№ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enck	Certificate of Status &
Mailing Addres		Street Ad	
Registration S Division of C		=	tion Section of Corporations
P.O. Box 632		The Cen	tre of Tallahassee
Tallahassee, 1	FL 32314	2415 N.	Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

TO ARTICLES OF ORGANIZATION OF

AGUIAR COMPANY LLC

ZOZZ HAR -8 PH 4: 15 SECRETARY OF STATE TALLAHASSEE.FL

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	uldress
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
_AMBR	TATIANA AGUIAR DE PINHO MARTINS	4751 LUMINOUS LOOP	□Add
		KISSIMMEE, FL 34746	□Remove
			Change
		 	
			Remove
			Change
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<u>e:</u>	date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or r the date inserted in this block does not meet the applicable statutory filing the effective date on the Department of State's records.	
cord s s tiled	pecifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after th
ed <u>(</u>	02/23/2022	
	1- 0-1 10:0 10:0	^
X	Joso Petro Agun de linho los Signature of a member or authorized representativo TOÃO PEDRO AGUIAR DE	Koco c of a member