

L 21000420852

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000361459 3)))



H210003614593ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : PRIME ACCOUNTING & CONSULTANCY LLC
Account Number : 120180000090
Phone : (407)232-6777
Fax Number : (407)710-8533

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OHANA MSLE FAMILY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED
2021 SEP 30 PM 1:09
TALLAHASSEE, FLORIDA

FILED

2021 SEP 30 PM 1:09

VH

COVER LETTER

(((H21000361459 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: OHANA MSLE FAMILY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FELIPE MARDAKIS

Name of Person

ASCENT ACCOUNTING GROUP

Firm/Company

7345 W SAND LAKE RD STE 209

Address

ORLANDO FL 32821

City/State and Zip Code

FILINGS@ASCENTACCOUNTING.COM

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

For further information concerning this matter, please call:

FELIPE MARDAKIS

407 232-6777

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

(((H21000361459 3)))



September 30, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

OHANA MSLE FAMILY LLC
2295 S HIAWASSEE RD
STE 202
ORLANDO, FL 32835US

SUBJECT: OHANA MSLE FAMILY LLC
REF: L21000420852

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please refax your cover sheet in Portrait and not Landscape, it is not suitable for imaging

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather
Regulatory Specialist III

FAX Aud. #: B21000361459
Letter Number: 821A00023652

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

((H21000361459 3)))

OHANA MSLE FAMILY 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 09/23/2021 and assigned
Florida document number L21000420852

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)

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:

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

((H21000361459 3)))

DocuSign Envelope ID: 6F9BDC7D-A21E-4518-9A9E-305A969E4FB3

((H21000361459 3)))

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	ENZO SANTANA RIZZI	DAVID BEN GURION, 955, HOR42	<input type="checkbox"/> Add
		SAO PAULO, SP 05634-001 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUCCA SANTANA RIZZI	DAVID BEN GURION, 955, HOR42	<input type="checkbox"/> Add
		SAO PAULO, SP 05634-001 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H21000361459 3)))

((H21000361459 3)))

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

[illegible]

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 SEPTEMBER 27 2021

MARCELO RIZZI

Signature of a member or authorized representative of a member

MARCELO RIZZI

Typed or printed name of signee

FILED
2021 SEP 30 PM 1:09
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

((H21000361459 3)))