## 121000430210

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





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T. MATTHEWS

## **COVER LETTER**

TO:		istration Secsion of Corp			
6110 1 <b>6</b> 7	-ar	UBERABA	CONSTRUCTION LLC		
SUBJEC	L.II		Name of Lin	nited Liability Company	
			Amendment and fee(s) are sub	-	
Please re	eturn	all correspon	ndence concerning this matter	to the following:	
			LEONARDO FIGUEIRE	DO	
				Name of Person	
			SOLUTION ADVISING	LLC	
				Firm/Company	<del></del>
			5728 MAJOR BLVD - SU	JTE 609	
				Address	
			ORLANDO - FLORIDA -	- 32819	
				City/State and Zip Code	<u></u>
			info@solutionadvising.com	to be used for future annual report no	tiliculians
For furth	ner in	formation co	oncerning this matter, please c		
LEONARDO FIGUEIREDO				407 318-0058 at ()	
_		Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed	l is a	check for the	e following amount:		
<b>■ \$2</b> 5.	00 Fi	ling Fee	☐ \$30.00 Fifing 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:

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

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

21 CCT 15 PH 12: 40

UBERABA CONSTRUCTION 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 v	vere filed on 09/30/2021	and assigned
Florida document number L21000430210		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LI	.C" 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 offi registered agent and/or the new registered office address here:		ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	VSS
	F	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = M $AMBR = M$			
<u>Title</u>	<u>Name</u>	Address 21 CCT 19 F1112: 41	Type of Action
AMBR	ORLANDO FEREIRA. FREDERICO	3900 OLDFIELD CROSSING DRIVE APT 1209	
		JACKSONVILLE, FL 32223	_ <b>■</b> Remove
			☐ Change
AMBR	ORLANDO PEREIRA. FREDERICO	3900 OLDFIELD CROSSING DRIVE APT 1209	<b>⊟</b> ∧dd
		JACKSONVILLE, FL 32223	☐ Remove
			Change
<del></del>			Add
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			☐ Change

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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to tote: If the date inserted in this block does not meet the applica ocument's effective date on the Department of State's records.	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) ble statutory filing requirements, this date will not be listed as the
e record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:
ated10/o5/2024	_ ·
73	
Signature of a member or author	rized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00