Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686 : (407)370-3120 Fax Number

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

Email Address: CAROL @ LARSON ACC. COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BELLA BRAZIL FOODS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

DEC 2 9 2021

A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

## **COVER LETTER**

TO: Registration Division of C				
	BRAZIL FOODS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	CAROLINE LARSON			
	<del></del>	Name of Person		
LARSON ACCOUTING GROUP				
Firm/Company				
	7901 KINGSPOINTE PAI	RKWAY, SUITE 17		
		Address		
	ORLANDO, FL 32819			
		City/State and Zip Code		
	CAROL@LARSONACC.C		Fire	
		to be used for future annual report no	incation)	
For further information	n concerning this matter, please c	all:		
ANTONIO JOSE CAS	SAGRANDE	786 546-0047		
Nam	e of Person		ne Telephone Number	
Englosed is a check to	r the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,	
323.00 Time Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Add		Street Address: Registration Se	ection	

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELLA BRAZIL FOODS LLC				
( <u>Name of the Limited</u> (A	Liability Comp: Florida Limited	any as it now appears of Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document number L21000531995  This amendment is submitted to amend the follow A. If amending name, enter the new name of t	ving:			FILED STANK OF STANK OF STANK OF CORPORAL MINISTER OF CORPORAL MINISTER OF STANK OF CORPORAL MINISTER OF CORPORAL
N/A				<b>4</b> 5
The new name must be distinguishable and contain the wor	ds "Limited Liab	ility Company," the desi	gnation "LLC" or the a	bbreviation "L.E.C."
Enter new principal offices address, if applicable:		N/A		<del> </del>
(Principal office address MUST BE A STREET	ADDRESS)			<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Be	<u>0X)</u>	N/A		
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office here:	address on our rec	ords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Floride	street address	<del></del>
			Florida	
		City	<del></del>	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.

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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	ANTONIO JOSE CASAGRANDE	4000 ISLAND BLVD APT 2305	
		AVENTURA, FL 33160	≣Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
		□Remove	
		<del></del>	DAdd
		□Remove	
			□Change
			□ Add
			Change
			□Remove
			□Change

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 \_\_\_ DECEMBER 28 2021 ANTONIO FOSE CASA GRANDE Signature of a member or authorized representative of a member ANTONIO JOSE CASAGRANDE Typed or printed name of signee

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