

122000020544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

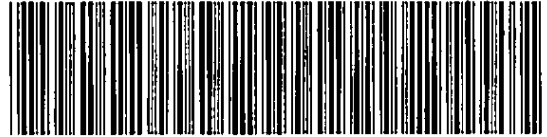
(Business Entity Name)

(Document Number)

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FILED
2022 JAN 31 PM 7:00
SECURITY OF STATE
TALLAHASSEE FL

O SIMMONS
FEB 09 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DALTRO & MERCATELLI 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:

ROSI LUCE ALVES

Name of Person

TRUST SOLUTION TAX & BOOKKEEPING LLC

Firm/Company

7350 FUTURES DR SUITE 9

Address

ORLANDO - FL 32819

City/State and Zip Code

ROSI@TRUSTSOLUTIONTAX.COM

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

For further information concerning this matter, please call:

ROSI LUCE ALVES

407

705-9147

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

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

FILED

DALTRO & MERCATELLI LL

2022 JAN 31 PM 7:00

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL
01/11/2022

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L22000020544.

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

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

Title	Name	Address	Type of Action
AMBR	GIULIA G BARRETO	RUA NUNES MACHADO 279 APT 45	<input checked="" type="checkbox"/> Add
		ARARAS - SAO PAULO - BR	<input type="checkbox"/> Remove
		13600-020	<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE ADD EIN# 87-4571572

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 26 JANUARY

2022

Signature of a member or authorized representative of a member

LUCAS BARRETO DALTRO

Typed or printed name of signee