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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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LLC Amena

1022 NOV -7 AN 10: 46

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2022 NOV -7 AH 11: 43

A. RAMSEY NOV 07 2022

COVER LETTER

TO:

Registration Section Division of Corporations

SHRIFCT: VI 6i U.	ITTO BUILDERS A	ND SERVINES (LLC	
	Name of Limi	ited Liability Company		
The enclosed Articles of /	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	FABIO VIGIL			
	VigiLIATTU B	VILDERS AND Firm/Company	SERVIC	ES LIC.
	5157 NORTHLA	HWN WSB - Address		,
	DRIANOU- FL			
	Viginatto Fabio	OgmATL. WM To be used for future annua	l report notificatio	m)
For further information co	ncerning this matter, please ea	ıll:		
Froio Vigi	19to ANDEUMO	at (407)	399-77	787
Name of	reison	Area Code	Dayume rete	phone Suntoer
Enclosed is a check for the	e following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee Certified Copy radditional copy is er		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Regist Divisio The Co 2415 N	Address: ration Section on of Corpora entre of Tallah N. Monroe Str assee, FL 323	tions nassee eet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Maillatto Buildes	AND SERVICES / 10 2022 NOV -7 AM 10: 46
(Name of the Limited Liabil (A Florid	ty Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L 22000)44</u>	Company were filed on 01 25 2022 and assigned 594
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	tited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADD)	<u>RESS)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
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 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
MGR	ALAN FERNANDES DE OLIVE	TIMA 5157 NORTHLAWN WAY - ORLAN	<u>I</u> Z∕Add
		FZ: 32811 	⊡Remove
			□Change
MGR	MICHEL SILVAMOFACTO	4660 SOUTHIAWN AVE, ORLANZI FZ=32811	<u>)</u>
			□Remove
		□Change	
			🗆 Add
		<u> </u>	□Remove
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ective date, if other than the date of filing: (optional)					
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