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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
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09/20/22--01003--001 ++25.00

2022 SEP 20 NM 9: 23 SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

\$1 4 A A	O BUILDERS AND SERVICES LLE
(Name of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L 2 Z OCOO 445</u>	ility Company were filed on 09114 2022 and assigned
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable Principal office address MUST BE A STREET	
Enter new mailing address, if applicable:	2022 SEP SECRETA
(Mailing address MAY BE A POST OFFICE BC	
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, enter the name of the new registere
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.

COVER LETTER

SUBJECT:		DERS AND SERVICES	LLC		
	Amendment and fee(s) are sub-	_			
Please return all correspor	dence concerning this matter	to the following:			
	FABIO VIGILIA	Name of Person		-	
	VIGILLATTO Z	BUILDERS AND SERV	ices LLC	-	
	5157 NORTHAU	IN WAY		-	
	ORLANDO_FC	3 Z 3 11 City/State and Zip Code		_	
	VIGILLATTOFABIC	PGM4IL. WM		2022 SEC	
For further information co	E-mail address: (t ncerning this matter, please ca	to be used for future annual report noti	fication)	SEP 20 RETARY LLAHAS	
FABIO VIGILL Name of	ATTO ANSELMO Person	at (407) Area Code Area Code	7 8 7- le Telephone Numbe	MH 9: 24 OF STATE	
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

Mailing Address:

Registration Section

Division of Corporations

TO:

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

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	<u>ALAN FERNANDES DE OLIVE</u> IRA	5157 NORTHEAWN WAY ORLANDO - FL - 32811	ØAdd
			□Remove
		-	□Change
MGR	MICHEL SILVA MOFACTO	4660 SOUTHLAWN AVE, ORLANDO FL. 32811	137 ∧dd
			□Remove
			□Change
			□Remove
		SECRE	Change 2022 SEP 20 Remove Change
		AHASSS	20 Remove
		हिन्दू स्टिन्ड स्टिन्ड	Change
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ffective date, if other	than the date o	f filing:					optional	1)		
an effective date is listed, the	he date must be spec	cific and ca	annot be pric	or to date of	filing or mor	e than 90 day:	s after filin	g.) Pursi	uant to 6	05.0207
Note: If the date inserted locument's effective date	e on the Departme	ent of Sta	te's record	s.	nory ming	requirement	s, mis dat	e wiii i	iot ne ii	isted as i
record specifies a delayed is filed.	ed effective date, l	but not ar	n effective	time, at 12	::01 a.m. on	the earlier	of: (b) T	he 90tl	ı day af	fler the
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Dated SEPTEY BE	R 14	·	2022	<u>. </u>						
	<i>←</i>									
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