

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L22 000059327**

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : SOUSA & ASSOCIATES INC  
Account Number : 120190000111  
Phone : (407)800-7028  
Fax Number : (407)992-9407

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NAAS EMPREENDIMENTOS E INVESTIMENTOS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

2022 Aug -4 11:4:20

2022 AUG -4 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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AUG 05 2022

K. Brumblay

H220002623493

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NAAS EMPREENDIMENTOS E INVESTIMENTOS 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:

Maria C Sousa

Name of Person

Sousa & Associates Inc

Firm/Company

5728 Major Blvd Ste 309

Address

Orlando Florida 32819

City/State and Zip Code

info@sousaacc.com

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

For further information concerning this matter, please call:

Maria C Sousa

407

8007028

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

**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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

NAAS EMPREENDIMENTOS E INVESTIMENTOS 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 were filed on 02/03/2022 and assigned  
Florida document number L22000059327.

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**)

5009 Chipotle Lane

Wesley Chapel, FL 33544

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

5009 Chipotle Lane

Wesley Chapel, FL 33544

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

City, Florida 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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	ADELSON OLIVEIRA MACHADO	5009 Chipotle Lane	<input type="checkbox"/> Add
		Wesley Chapel, FL 33544	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	NADIA AMARAL DA SILVA MACHADO	5009 Chipotle Lane	<input type="checkbox"/> Add
		Wesley Chapel, FL 33544	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ALISSON AMARAL MACHADO	5009 Chipotle Lane	<input type="checkbox"/> Add
		Wesley Chapel, FL 33544	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

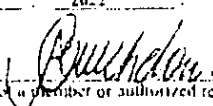
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 July, 19 2022

  
Signature of a member or authorized representative of a member

ADELSON OLIVEIRA MACHADO

Typed or printed name of signee

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