

Aug 19, 2024 10:51AM

Division of Corporations

W. 0016

**L22000101008**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000277073 3)))



H240002770733490%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6363

From:  
Account Name : US TAX CONSULTING INC  
Account Number : 120160000050  
Phone : (407)574-8969  
Fax Number : (407)574-8970

\*\*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  
DALAZEN COMPANY LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

RECEIVED

21 JUN 2024

STATE OF FLORIDA

STATE

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
2024 AUG 19 PM 3:54

FILED LUX  
AUG 20 2024

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
DALAZEN COMPANY LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 04/04/2022 and assigned Florida document number: L22000161008

**Article I**

**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."

**Article II**

Enter new principal offices address, if applicable:  
(Principal office address *MUST BE A STREET ADDRESS*)

\_\_\_\_\_  
**5401 S KIRKMAN RD, SUITE 135, ORLANDO, FL 32819**

Enter new mailing address, if applicable:  
(Mailing address *MAY BE A POST OFFICE BOX*)

\_\_\_\_\_  
**5401 S KIRKMAN RD, SUITE 135, ORLANDO, FL 32819**

**Article IV**

**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: **SAMUEL ALVES SUBIRA**

New Registered Office Address: **5401 S KIRKMAN RD, SUITE 135, ORLANDO, FL 32819**

**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 505, 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

2024 AUG 19 PM 3:54

FILED

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	DALAZEN JUNIOR, SERGIO	13031 CRYSTAL COVE DR	REMOVE <input checked="" type="checkbox"/>
		ORLANDO, FL 32828	ADD <input type="checkbox"/>
AMBR	ALVES SUBIRA, SAMUEL	5401 S KIRKMAN RD, SUITE 135	REMOVE <input type="checkbox"/>
		ORLANDO, FL 32819	ADD <input checked="" type="checkbox"/>

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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: AUGUST 19<sup>th</sup> 2024

  
SERGIO DALAZEN JUNIOR / AMBR

  
SAMUEL ALVES SUBIRA / AMBR