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Division of Corporations

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Florida Department of State
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To:

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

From:

Account Name : CKO CONSULTING AND TAX SERVICES LLC
Account Number : I20220000100
Phone : (321)366-0510
Fax Number : (321)366-0511

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
MACHIADO RAMOS LLC

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TALLAHASSEE, FLORIDA

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JUN 23 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MACHADO RAMOS 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:

CRISTIANE OLIVEIRA SILVA

Name of Person

CKO FINANCIAL GROUP LLC

Firm Company

1821 PLUMAS WAY

Address

ORLANDO - FL - 32824

City/State and Zip Code

CKOFINANCIALSERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

CRISTIANE OLIVEIRA SILVA

321 366 - 0510
at ()
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

H220002154603

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MACHADO RAMOS 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 04/15/2022 and assigned
Florida document number 1.22000181187

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:

5521 BOWMAN DR -

(Principal office address **MUST BE A STREET ADDRESS**)

WINTER GARDEN - FL - 34787

Enter new mailing address, if applicable:

5521 BOWMAN DR -

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

WINTER GARDEN - FL - 34787

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:

5521 BOWMAN DR -

Enter Florida street address

WINTER GARDEN

City

Florida

Zip Code

34787

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>
AMBR	Marllaine B Machado Ramos	RUA DOS BICOS DE LACRE 1109	<input type="checkbox"/> Add
		SAO BERNARDO DO CAMPO, SP- 09861-140 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marilaine Bernal Machado Ramos	RUA DOS BICOS DE LACRE 1109	<input checked="" type="checkbox"/> Add
		SAO BERNARDO DO CAMPO, SP-09861-140 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated June 22, 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

1177000 2151163 ABCW