

L22000210119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

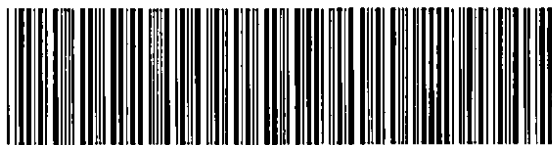
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500392404165

LLC Amend

2022 SEP 21 AM 8:08

FILED

2022 SEP 13 PM 4:02

A. RAMSEY  
SEP 22 2022

\$02250, 00611, 00672

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from Account: 120210000160 Amount: \$25.00

Authorization Signature: Jan Hill

PROJECT LAZARUS CONSTRUCTIONS & REMODELING COOPERATIVE, LLC

L22000210119

Business

Document #

Walk in

\_\_\_ Pick up time \_\_\_

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy

\_\_\_ Certified Copy (s) of Articles of Correction

\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

\_\_\_ Limited Liability

\_\_\_ Domestication

\_\_\_ Other

\_\_\_ **CORP**

**AMMENDMENTS**

X Amendment

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Dissolution/Withdrawal

\_\_\_ Merger

\_\_\_ **Conversion**

\_\_\_ Articles of Conversion

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ ARTICLES OF CORRECTION

\_\_\_ APOSTIL( ) \_

Country

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2022

FLORIDA CAPITAL COURIER SERVICES, INC.

TALLAHASSEE, FL 32309

SUBJECT: PROJECT LAZARUS CONSTRUCTIONS & REMODELING  
COOPERATIVE, LLC  
Ref. Number: L22000210119

We have received your document for PROJECT LAZARUS CONSTRUCTIONS & REMODELING COOPERATIVE, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

*new*  
The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey  
OPS

Letter Number: 522A00020443

RECEIVED  
2022 SEP 21 PM 4:38  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32309

# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: PROJECT LAZARUS CONSTRUCTIONS & REMODELING COOPERATIVE, L.L.C  
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:

\_\_\_\_\_  
Name of Person

RS ACCOUNTING AND TAX SERVICES INC  
Firm/Company

10 FAIRWAY DRIVE STE 201A  
Address

DEERFIELD BEACH FL 33442  
City/State and Zip Code

INFO@RSACCOUNTINGTAX.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
2022 SEP 21 AM 8:

PROJECT LAZARUS CONSTRUCTIONS & REMODELING COOPERATIVE, 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 05/03/2022 and assigned  
Florida document number L22000210119.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NONE

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)**

4001 PROMENADE SQUARE DRIVE

APT 3822

ORLANDO FL 32837

Enter new mailing address, if applicable:

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

4001 PROMENADE SQUARE DRIVE

APT 3822

ORLANDO FL 32837

**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:

RS ACCOUNTING AND TAX SERVICES INC

New Registered Office Address:

10 FAIRWAY DRIVE STE 201A

*Enter Florida street address*

DEERFIELD BEACH

*City*

Florida 33441

*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

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         | ADEMILSON P DA SILVA ROCHA | 6014 ASHLEAF MAPLE WAY      | <input type="checkbox"/> Add               |
|              |                            | WINTER GARDEN, FL 34787     | <input checked="" type="checkbox"/> Remove |
|              |                            |                             | <input type="checkbox"/> Change            |
| AMBR         | XAVIER DO NASCIMENTO, FR   | 4001 PROMENADE SQUARE DRIVE | <input type="checkbox"/> Add               |
|              |                            | APT 3822                    | <input type="checkbox"/> Remove            |
|              |                            | ORLANDO FL 32837            | <input checked="" type="checkbox"/> Change |
| AMBR         | BRENO AUGUSTO FELICISSIMO  | 4001 PROMENADE SQUARE DRIVE | <input checked="" type="checkbox"/> Add    |
|              |                            | APT 3822                    | <input type="checkbox"/> Remove            |
|              |                            | ORLANDO FL 32837            | <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            |
|              |                            |                             | <input type="checkbox"/> Add               |
|              |                            |                             | <input type="checkbox"/> Remove            |
|              |                            |                             | <input type="checkbox"/> Change            |

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

ADEMILSON P DA SILVA ROCHA - REMOVED

XAVIER DO NASCIMENTO, FRANCISCO J - UPDATE

BRENO AUGUSTO FELICISSIMO LOPES - ADDING

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 SEPTEMBER 12, 2022

FRANCISCO J XAVIER DO NASCIMENTO

Signature of a member or authorized representative of a member

FRANCISCO J XAVIER DO NASCIMENTO

Typed or printed name of signee

## COVER LETTER

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\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

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☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
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Certified Copy  
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