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## **COVER LETTER**

TO: Registration Section Division of Corpo				
SUBJECT: VITOR	SILVA Real Name of Limit	ESTATE LLC led Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are subm	nitted for filing.		
Please return all correspond	ence concerning this matter t	o the following:		
	Vitor	SiLUA.  Name of Person		
	4206 EastGA	Firm/Company  Te DR AT  Address	3324	
		Silva.  Name of Person  Firm/Company  Address  Oliand Dr. Art. 3324  Address  Oliand J. Florida 32939  City/State and Zip Code  C. Realtor C. Gmail. (om.  address: (to be used for future annual report notification)  please call:  at (407) 506 3712  Area Code Daytime Telephone Number		
		City/State and Zip Code	-	
For further information con	cerning this matter, please ca	II:		
Name of P	SitVA	at (407)	506 Daytime To	3712 elephone Number
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy		Certificate of Status & Certified Copy

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

Vittor SILUM 1	Real ESTATE LLC	ZUZZ MAY	31 AM 10: 49
(Name of the Limit	Real ESTATE LLC ed Liability Company as it now app (A Florida Limited Liability Compan iability Company were filed on	oears on our records.)	MY of State
		SLID PALLA	HASSEE, FL
The Articles of Organization for this Limited Li	iability Company were filed on	<u> </u>	and assigned
Florida document number <u>L 22 000 22 6</u>			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name o	f the limited liability company	here:	
The new name must be distinguishable and contain the w	vords "Limited Liability Company," tl	he designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>
			<del></del>
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or ragent and/or the new registered office addre		r records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	VITOR SILVA	i	
New Registered Office Address:	Futer	Florida street address	
	( RIAIR.	, Florida	32839
			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.

16 Changing Bouletoned 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>	Address	Type of Action
MGR	Vitor SiLVA	4206 eastGATE DK APT 3324	Add
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			□ Change
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f an effective date is lis <b>Note:</b> If the date ins	ther than the date of sted, the date must be spe serted in this block do- e date on the Departm	cific and ca es not med	nnot be prior at the applic	able statutory	g or more than	(option 190 days after the strength of the str	filing.) Pursu	ant to 60: ot be list	5.0207 ( ted as t
record specifies a c d is filed.	delayed effective date.	but not an	effective ti	me, at 12:01	a.m. on the	earlier of: (b)	The 90th	day afte	er the
Dated	5/26/2	2	1						
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