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•. (R	equestor's Name)	
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PICK-UP	WAIT	MAIL
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SECRETARY OF STATI
TALLAHASSEF FI

COVER LETTER

TO:	Registration Se Division of Cor	porations		•
en o n			MOVIMENTO LLC	
อบชม	ECT:	Name of Lin	nited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		E1	DIVALDO DA SILVA LUZ	
			Name of Person	
		A	CAO & MOVIMENTO LLC	
			Firm/Company	
	5915 RALEIGH ST2103			
			Address	
			ORLANDO, FL 32835	
			City/State and Zip Code	
			JULIANAKARFITSAS@GM.	
For fur	ther information c	e-mail address: ((to be used for future annual reportation)	a nottication)
, ,, ,,,		CARFITSAS	321	436-5110
Name of Person		at ()	aytime Telephone Number	
Enclos	ed is a check for th	ne following amount:		
≡ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5		Street Addres Registration	
	Division of C			Corporations
	P.O. Box 632	27		of Tallahassee
	Tallahassee I	FF 32314	2415 N. M.	annoe Street Suite S10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited L. Florida document number1.22000228221		ny as it now appear Jiability Company)	s on our records.)	
Florida document number1.22000228221	iability Company			
This amendment is submitted to amend the follo		were filed on	05/16/2022	and assigned
rins amendment is submitted to amend the folio	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company he	<u>re</u> :	
NONE				
The new name must be distinguishable and contain the w	rords "Limited Liabi	lity Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NONE		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	NONE		SECRETALL
B. If amending the registered agent and/or r agent and/or the new registered office addre	registered office : ss here:	address on our re	ecords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	NONE			四五
New Registered Office Address:	NONE			· ·
		Enter Flor	ida street address	
			, Florida	
		Cay		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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SUELI DE F GARCIA LUZ	5915 RALEIGH ST APT 2103ORLANDO, FL 3283	5 □Add
			=Remove
			□Change
AMBR	DIOGO N CHIEDDE RIBEIRO	6184 RALEIGH ST APT 109 ORLANDO FL 32835	= Add
			□Remove
			
			- SECTION T
			2022 AUG 15 AH 11: 47 PSECTAR TARK THOSE E STATE TALLAH AGSEE STATE
			Remove
			□Change
	····		□Add
			□Remove
			Change
		****	□Add
			□Remove
			□Change

	REMOVE SUELI DE F GARCIA LUZ AND ADD DIOGO N CHIEDDE RIBEIRO
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ecti	ve date, if other than the date of filing:
te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
(HIII)	ent's effective date on the Department of State's records.
·*/ > F/	I 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
s fil	
	$N = 1 \cdot 1$
ed_	August 10 2027
	Signature of a member or authorized representative of a member
	EDIVATO DA SILVA LUZ. Typed on printed name of signee

Filing Fee: \$25.00



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company ACAO & MOVIMENTO LLC

Filing Information

Document Number

L22000228221

FEI/EIN Number

NONE

Date Filed

05/16/2022

Effective Date

05/16/2022

State

FL

Status

ACTIVE

Principal Address

5915 RALEIGH ST

2103

ORLANDO, FL 32835

Mailing Address

5915 RALEIGH ST

2103

ORLANDO, FL 32835

Registered Agent Name & Address

JULIANA KARFITSAS CONSULTING LLC

6965 PIAZZA GRANDE AVE

211

ORLANDO, FL 32835

Authorized Person(s) Detail

Name & Address

Title AMBR

DE FATIMA GARCIA LUZ, SUELI 5915 RALEIGH ST APT 2103 ORLANDO, FL 32835

Title AMBR

DA SILVA LUZ, EDIVALDO 5815 RALEIGH ST APT 2103 ORLANDO, FL 32835

Annual Reports			
No Annual Reports Filed			
Document Images			
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