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# 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.

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**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)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067

Phone : (407)370-3686 Fax Number : (407)370-3120

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: MAYRA @ LARJONACC. COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAMILY RAMALHO LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

DEC 2 0 2022 A. LUNT

Page:

12/19/2022

03:39 PM

TO:18506176383 FROM:4073703120

### **COVER LETTER**

TO: Registration Section

Division of Co	rporations				
SUBJECT: FAMILY	RAMALHO LLC				
30B0EC1.		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	braited for filing.			
	ondence concerning this matter	_			
	CAROLINE LARSON				
		Name of Person			
	INTERNATIONAL DIVI	SION BY LARSON LLC			
		Firm/Company			
	7901 KINGSPOINTE PKWY STE 15				
		Address			
	ORLANDO, FL 32819				
		City/State and Zip Code	<del></del> _		
	mayra@larsonacc.com				
	E-mail address: (	to be used for future annual report noti	fication)		
For further information of	concerning this matter, please o	all:			
CAROLINE LARSON		407 370-3686 at (			
Name o	of Person	Area Code Daytim	e Telephone Number		
•					
Enclosed is a check for the	he following amount:				
≡ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>		

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

Page: 4 12/19/2022 03:39 PM TO:18506176383 FROM:4073703120

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

' . ' 7

#### FAMILY RAMALHO ELC

(Name of the Limits	ed Liability Compar A Florida Limited L	y as it now appears on our recondiny Company)	ords.)	
The Articles of Organization for this Limited Li Florida document number L22000260713	ability Company	were filed on <u>06/07/2022</u>		and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
N/A				
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the designation "L	LCT or the a	hbreviation "L.L.C."
Enter new principal offices address, if applie:	ible:	N/A		
(Principal office address MUST BE A STREE	( ADDRESS)		1	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	2801 N POINCIANA BLVI	D.KISSIM	MEE, FL 34746
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our records, <u>ent</u>	er the nan	ne of the new registered
Name of New Registered Agent:	INTERNATION	AL DIVISION BY LARSON	LC	1 1 1
New Registered Office Address:	7901 KINGSPO	INTE PKWY STE 15		
		Enter Florida street udd.	rege	(
	ORLANDO	,	j Jorida <u>32</u>	2819
		City		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 60.5 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>	Address	Type of Actio
MGR	DA COSTA RAMALHO. JEFFER	4351 SCENE LANE, KISSIMMEE, FL 34746	□ Add
			□Remove
			Change
MGR	SANTANA C RAMALHO, SILVA	4351 SCENE LANE, KISSIMMEE. FL 34746	
			□Remove
MGR —	SANTANA C RAMALHO, RENA	4351 SCENE LANE, KISSIMMEE, FL 34746	□Add
		<del></del>	🗆 Remove
			\exists Change
MGR	DA COSTA RAMALHO, JEFFER	4351 SCENE LANE, KISSIMMEE, FL 34746	🗆 Add
		····	□ Remove
			■Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

E. Effective date, if other than the date of filing:  (In effecti	ge:	6 12/19/2022	03:39 PM	TO:18506176383	FROM: 4073	3703120	)	
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E. Effective date, if other than the date of filing:  (If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days. Her filing ) Pursuant to 605.03.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements 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  DECEMBER 19th  2022  JGFECSW 24 COCTA BAMALHO  Signature of a member or authorized representative of a member.  JEFFERSON DA COSTA RAMALHO		N/A						
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			JGFFEE Signature of a c	LSON DA COUTA # nember or authorized represent	A MA LHO auve of a member			
Typed or printed name of signee		JEFFERSON DA C	OSTA RAMALH	O		:		
11			·····	Typed or printed name of sign-	ce	-	<del></del>	

Filing Fee: \$25.00