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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L220002647B3**

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To: Division of Corporations  
Fax Number : (850)617-0383

From: Account Name : ESG FINANCIAL GROUP LLC  
Account Number : 120220000177  
Phone : (689)269-8764  
Fax Number : (407)536-4393

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

Email Address: info@egfinancialgroup.com

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 28 SEP 28 PM 2:43  
 DEPT. OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

2023 SEP 29 PM 3:51

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FL INVESTMENTS PROTAGONIST ISLA LLC**

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

SEP 29 2023

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FL INVESTMENTS PROTAGONIST ISLA 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:

VINICIUS EVANGELISTA  
Name of Person

E&G FINANCIAL GROUP LLC  
Firm/Company

7512 DR PHILLIPS BLVD, SUITE 50-912  
Address

ORLANDO, FLORIDA 32819  
City/State and Zip Code

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

For further information concerning this matter, please call

VINICIUS EVANGELISTA at ( 689 ) 260-8784  
Name of Person 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FL INVESTMENTS PROTAGONIST ISLA 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 06/09/2022 and assigned Florida document number L22000264703

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:

(Principal office address MUST BE A STREET ADDRESS)

7065 WESTPOINTE BLVD SUITE 304 ORLANDO, FL 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7512 DR PHILLIPS BLVD SUITE 50-912 ORLANDO, FL 32819

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

E&G FINANCIAL GROUP LLC

New Registered Office Address:

7512 DR PHILLIPS BLVD, SUITE 50-912

Enter Florida street address

ORLANDO

Florida 32819

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 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

[Handwritten signature]

2023-09-28 17:39:51

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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	S. DENISE DE ALBUQUERQUE OLIVEIRA LAURIA	7512 DR PHILLIPS BLVD, SUITE 50-912	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32819	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

Multiple horizontal lines for amending information.

**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 28, 2023

Signature of a member or authorized representative of a member

LAURA S. TENORIO DE ALBUQUERQUE OLIVEIRA

Typed or printed name of signer