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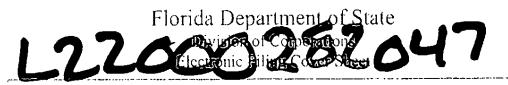
07/12/2022

09:40 AM

TO:18506176383 FROM:4073703120

7/12/22, 12:21 PM

Division of Corporations



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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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : 120160000067

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. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VACONCELLOS MACEDO LLC

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

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Help

JUL 13 2022

K. Brumbley

ge: 4 07/12.	/2022 09:40 AM	TO:18506176383 FROM	1:4073703120
		COVER LETTER	
TO: Registration S	Section		
Division of Co			:
	TILLOS MACEDO ELC		' ;
SUBJECT:	Name of L	imited Liability Company	
			٠.
The englaced Articles of	TAmendment and fee(s) are s	uborited for filing	
Please fethin all corresp	oundence concerning this matt	er to the following:	
	CAROLINE LARSON		(,
		Name of Person	
	INITEDNIATE MICE.		1.
	INTERNATIONAL DIV	VISION BY LARSON LLC	
		Firm-Company	<u> </u>
	7901 KIGSPOINTE PK	WY - STE 15	
		Address	
	ORLANDO, FL 32819		. 1
		City/State and Zip Code	9
	MAYRA@LARSONAC	C.COM S to be used for future annual report notific	7
			ration)
For further information	concerning this matter, please	e call:	
CAROLINE LARSON		407 3703686 at ()	
Name	of Person		Telephone Number
finelosed is a check for	the following amount:		,
S25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	S60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Statu Certified Copy
			(addational copy is each
Mailing Addre	DCC.	Street Address:	
Registration		Registration Sec	tion
Division of	Corporations	Division of Corp	
P.O. Box 63		The Centre of Ta	1 ,
Tallahassee.	rt. 52514	2415 N. Monroe Tallahassee, FL	Street, Suite 810 :
		randiassee, F.L.	02000

07/12/2022 Page: 3

TO:18506176383 FROM:4073703120 09:40 AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION . OF

VACONCELLOS MACEDO LLO						
(Name of the Lim	ited Liability Com (A Florida Limite	ipany as it now appears of d Liability Company)	n our records.)		_	
The Articles of Organization for this Limited I	Liability Compa	ny were filed on $\frac{06/21}{}$	/2022	and	assign	ıed
Florida document number L22000282047	<u> </u>					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited li	ability company here	:			
VASCONCELLOS MACEDO LLC						
The new name must be distinguishable and contain the	words "Limited Lie	ability Company," the desi	guation "LLC" or the	c abbreviation	ı "L.L.C	. •-
Enter new principal offices address, if appli	cable:	N/A				
(Principal office address MUST BE A STRE	ET ADDRESS)				202/2	
					=	:
					- 2	四次
Enter new mailing address, if applicable:		N/A	<u> </u>			<u> </u>
(Mailing address MAY BE A POST OFFICE	(BOX)	·		<u> </u>	- 	{**
				-	<u> </u>	
					ယ	
B. If amending the registered agent and/or agent and/or the new registered office address.		e address on our reco	ords, <u>enter the n</u>	ame of the	new r	egistered
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		Enter Florida	street address			-
			, Florida			
		City		Zip Co	ode	

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

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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 Action
			□Add
			□Remove
			☐ Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			Remove
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(If an offe	ve date, if other than the da ctive date is listed, the date must be	: specific and cannot be	e prior to date of filing or	more than 90 days a	u(er filing.)	Pursuant to 605.0207
	I the date inserted in this block nt's effective date on the Depa			ing requirements,	this date	will not be listed as
					S	
If the record record is file	specifies a delayed effective dad.	ate, but not an effec	tive time, at 12:01 a.m	i, on the earlier of	(b) The	90th day after the
Dated _	ULY, 12	, 2022	·		3	
		asconce L	los Mâce r authorized representati	ve of a member	4 1 3 3	
					200	}
	GIULIA VASCONCELLO	IS MACEDO			3	i

Filing Fee: \$25.00