

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L22000262047**

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.

((H22000236899 3))



H220002368993ABC8

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: mayaia@larsonacc.com

2022 JUL 12 PM 12:53

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

2022 JUL 12 AM 10:03  
APPROVED AND FILED

Electronic Filing Menu Corporate Filing Menu Help

JUL 13 2022  
K. Brumbley

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VACONCELLOS MACEDO LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.  
Please return all correspondence concerning this matter to the following:

CAROLINE LARSON  
Name of Person  
INTERNATIONAL DIVISION BY LARSON LLC  
Firm/Company  
7901 KIGSPOINTE PKWY - STE 15  
Address  
ORLANDO, FL 32819  
City/State and Zip Code  
MAYRA@LARSONACC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE LARSON 407 3703686  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

VACONCELLOS MACEDO 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 06/21/2022 and assigned Florida document number L22000282047

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VASCONCELLOS MACEDO LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

2022 JUL 12 AM 10:03

APPROVED AND FILED

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_

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

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>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

