

12/18/23, 11:46 AM

Division of Corporations

LA 220033619

Florida Department of State
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.

((H23000429804 3)))



H230004298043ABC%

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 : DOMINIUM CONSULTING SERVICES, LLC
Account Number : I20210000039
Phone : (407)374-2329
Fax Number : (407)412-5926

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GRACATE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2023 DEC 18 PM 12:35

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 DEC 19 AM 11:13

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX
DEC 19 2023

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: GRACATE 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:

CLEITON CARDOSO

Name of Person

DOMINIUM CONSULTING SERVICES

Firm/Company

6965 PIAZZA GRANDE AVE - SUITE 206

Address

ORLANDO FLORIDA 32835

City/State and Zip Code

INFO@DOMINIUMCS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLEITON

407 374-2329
at ()

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GRACATE 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 08/31/2022 and assigned
Florida document number L22000383619.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

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>
AMBR	PLEVNA CORP	Charlotte & Shirley Streets	<input checked="" type="checkbox"/> Add
		P.O. Box N-3708	<input type="checkbox"/> Remove
		Commonwealth of The Bahamas	<input type="checkbox"/> Change
AMBR	Grazia Rosangela Caterina	Alamenda Brasil 1001	<input type="checkbox"/> Add
		Barueri Sao Paulo, 06470-000 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stefano Caterina Pires de Mello	Alamenda Brasil 1001	<input type="checkbox"/> Add
		Barueri Sao Paulo, 06470-000 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bianca C Pires de Mello	Alamenda Brasil 1001	<input type="checkbox"/> Add
		Barueri Sao Paulo, 06470-000 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	<i>Bruno Caterina Pires de Mello</i>	Alamenda Brasil 1001	<input type="checkbox"/> Add
		Barueri Sao Paulo, 06470-000 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 18TH, DECEMBER, 2023

Signature of a member or authorized representative of a member

STEFANO CATERINA PIRES DE MELLO

Typed or printed name of signee