

L22000476843

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : TAXPEOPLE LLC  
Account Number : I20200000160  
Phone : (772)460-1000  
Fax Number : (772)777-3071

**\*\*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  
MVF CONSTRUCTION LLC**

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NOV 30 2022

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**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **MVF CONSTRUCTION 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:

**CLAUDIO TOLEDO RIBEIRO**

Name of Person

**TAXPEOPLE, LLC**

Firm/Company

**2855 SW BRIGHTON ST**

Address

**PORT LUCIE, FL 34953**

City/State and Zip Code

**info@taxpeoplefl.com**

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

For further information concerning this matter, please call:

**Claudio Toledo Ribeiro** at **772** **460.1000**  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

MVF CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2022 NOV 29 AM 11:27

The Articles of Organization for this Limited Liability Company were filed on 11/07/2022  
Florida document number L22000476843 and assigned

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

City

Florida

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

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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>	
MGR	FIRST NAME: HENRIQUE LAST NAME: SANTIAGO	3609 SW MASILUNAS ST PORT ST. LUCIE, FL 34953	X	ADD REMOVE CHANGE
AMBR	FIRST NAME: MARCOS VICENTE LAST NAME: LACERDA SANTIAGO	3609 SW MASILUNAS ST PORT ST. LUCIE, FL 34953	X	ADD REMOVE CHANGE
				ADD REMOVE CHANGE
				ADD REMOVE CHANGE
				ADD REMOVE CHANGE

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

2022 NOV 29 AM 11:27

(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.

**Dated November 22, 2022**

x Marcos Uccetta

Signature of a member or authorized representative of a member

Marcos Yicintle Escobar Santiago  
Typed or printed name of signee

Typed or printed name of signee