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A. RIVERS
JUL 2 U 2003

COVER LETTER

Tallahassee, FL 32314

	Quinteiro Po	et Catamaires I I C		
SUBJECT: _		Name of Limi	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return a	all correspon	dence concerning this matter	to the following:	
		Daniel Quinteiro Port		
			Name of Person	
		Quinteiro Port Enterprises	LLC	
			Firm/Company	
		7901 Kingspointe Pkwy Su	uite 17	
			Address	
		Orlando FL 32819		
		 	City/State and Zip Code	
		coxinhasbakeryucf@gmail.		
		E-mail address: (to be used for future annual report no	otification)
For further int	formation cor	ncerning this matter, please ca	all:	
Daniel Quinte	eiro Port		407 640 7008 at ()	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	ling Fec	■ \$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)
	ing Address istration Se		Street Address: Registration S	ection
Div	ision of Co	orporations	Division of Co	orporations
	. Box 6327 ahassee, Fl		The Centre of	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 sagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	17 19 All 7:47
B. If amending the registered agent and/or registered office address on our records, enter the sagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	name of the new regis
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(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 regis
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(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 regis
(Mailing address MAY BE A POST OFFICE BOX)	
Enter new mailing address, if applicable:	
	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new principal offices address, if applicable:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liability company here:	
This amendment is submitted to amend the following:	
Florida document number L22000482974	
1.22200.493034	and assigned
The Articles of Organization for this Limited Liability Company were filed on 11110/2022	
The Articles of Organization for this Limited Liability Company were filed on 11/10/2022	
(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 11/10/2022	

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>	Name	Address	Type of Action
AMBR	LUIS CARLOS MARTINS JUNIO	543 WHEATSTONE PLACE, ORLANDO/ FL 3283	S BAdd
			□Remove
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			□Remove
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ective o	date, if other tha	n the date of fili	ng:	late of filing or more	than 90 days after fil	al) ing.) Pursuant to 605.0207
te: If th	ne date inserted in t s effective date on	this block does not	t meet the applicabl	e statutory filing r	equirements, this d	ate will not be listed as
unent:	s effective date off	the Department of	suic s records.			
	ecifies a delayed ef	ffective date, but n	ot an effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
cord spe						
			2023			
s filed.	Y 8TH					
s filed.	Y 8TH		-,			
s filed.	.Ү 8ТН		,			
s filed.	.Ү 8ТН	Signature of	a member or authoriz	ed representative of	a member	MARTINS NO.

Filing Fee: \$25.00