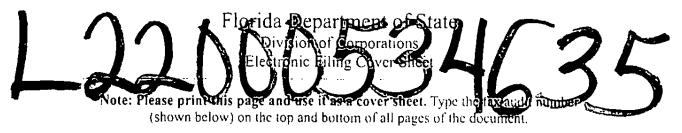
Page: C4/5/2023 11:39 AM TO:18506176383 FROM:4073703120

1/5/23, 11:30 AM

Division of Corporations



(((H23000005541 3)))



H230000055413ABCU

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: aboutant larron Larronacc com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BERLAMINO & VILELA LLC

Certificate of Status	
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Solivision of Co.			
BERLAMI	INO & VILELA LLC		
SUBJECT:	Name of Lin	sited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	•	
	Caroline Larson		
		Name of Person	
	LARSON ACCOUNTING	3 & CONSULTING SERVICES, L	LC
		Firm/Company	
	7901 KINGSPOINTE PK	WY STE 17	
	<u> </u>	Address	
	ORLANDO, FL 32819		
		City/State and Zip Code	
	assistant.larson@lursonace.		
	E-mail address: (to be used for future annual report not	lication)
For further information e	oncerning this matter, please c	all;	
Caroline Larson		407 3703686	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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

Page: 3 C-1/5/2023 11:39 AM TO:18506176383 FROM:4073703120

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BERLAMINO & VILELA LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our recorda Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 12/22/2022	and assigned
Florida document number 1.22000534635		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
BELARMINO & VILELA LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		21
(Principal office address MUST BE A STREET ADD	RESS)	123
		D-
		J.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	251
	. F	lorida
	Cin	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

Page: 4 01/5/2023 11:39 AM TO:18506176383 FROM:4073703120

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	PAULO BELARMINO DE PAUL	8107 N LAKE PKWY, ORLANDO, FL 32827	DAdd
		·	□ Remove
			≘ Change
			🗆 Add
			DRemove
			DChange
			OAdd
		DAdd Z223 JAN - 5	
		□Change 를	
	· · · · · · · · · · · · · · · · · · ·		□Vqq , C.
			□Remove
			□Change
			DAdd
			□Change
			OAdd
			□Remove
			Change

20. 3M D: 20				
	T			
				
			<u> </u>	
				
				
				22.11 S
				
C				, e B
of filing:	Tective date, if other than the d an effective date is listed, the date must b lote: If the date inserted in this blue	ite of filing: e specific and cannot be prior to date of fit of the control of t	(option : iling or more than 90 days after file ory filing requirements, this d	al)
	l is filed.			
	January 5th ated	2023		
2023		 ·		
. 2023	aicu			
no selatmino se pavia Jr		aub selarmim o	e Paula Th	

Filing Fee: \$25.00