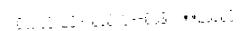
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COVER LETTER

TO:	Registration Division of C		sa e e e e e e e e e e e e e e e e e e e	
James		ARAJE DA FLORIDA LLC		
SUBJE	(.I:	Name of Lim	nited Liability Company	
The enc	losed Articles	of Amendment and fee(s) are sub	omitted for filing.	
		pondence concerning this matter		
		ELISANGELA	S BRITO M DE ARAUJO	
			Name of Person	
		ACARAJE DA	FLORIDA	
			Firm/Company	
		5480 NW 40TH TER		
		 	Address	
		COCONUT CREEK FL 3	3073	
			City/State and Zip Code	
			FLORIDA@GMAIL.COM	
		E-mail address: ((to be used for future annual report notification)	
For furt	her information	n concerning this matter, please c	all:	
ELISA	NGELA S BRI	TO M DE ARAUJO	561 702-0226 at ()	
	Nam	e of Person	Area Code Daytime Telephone Number	_
Enclose	ed is a check fo	r the following amount:		
€ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
	Mailing Add Registratio		Street Address: Registration Section	
Division of Corporations		Corporations	Division of Corporations	
	P.O. Box 6 Tallahassee	327 c. FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 81	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ACARAJE DA FLORIDA LLC

2023 JAN 10 PM 2: 54

(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our re- ated Liability Company)	COPUS.) CRETARY OF STATE
		and assigned
The Articles of Organization for this Limited Liability Comp		and assigned
Florida document number <u>1-2000535874 </u>	735,) / 4	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
ACARAJE NA FLORIĐA LLC		
The new name must be distinguishable and contain the words "Limited I	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	<u>s)</u>	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
B. If amending the registered agent and/or registered of	fice address on our records, <u>er</u>	nter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ddress
		131 - 1

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.

Cin

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>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			Change
		<u></u>	□Remove
			□Change
			Remove
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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Depa	specific and cannot be prior to date does not meet the applicable st	of filing or more than 90 day.	(optional) s after filing.) Pursuant to s, this date will not be	o 605.020 : listed a
cord specifies a delayed effective d s filed.	ate, but not an effective time, at	12:01 a.m. on the earlier	of: (b) The 90th day	after the
ed	. 2023			
ed				