

L23000005881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

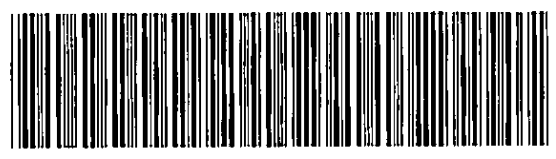
(Business Entity Name)

(Document Number)

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05/17/23--01007--008 \*\*25.00

2023 MAY 17 PM 6:08

S. FRANKLIN

MAY 14 2023

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MAGDA NEVES INTERNATIONAL CONSULTING 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:

MAGDA NEVES DIAL  
 \_\_\_\_\_  
 Name of Person

MAGDA NEVES INTERNATIONAL CONSULTING LLC  
 \_\_\_\_\_  
 Firm/Company

149 HAWTHORN HEDGE LANE  
 \_\_\_\_\_  
 Address

SAINT JOHNS/FL 32259  
 \_\_\_\_\_  
 City/State and Zip Code

MAGDA.NEVES@GMAIL.COM  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

2023 MAY 17 PM 6:19

For further information concerning this matter, please call:

MAGDA NEVES	407	7019971	
_____	) ( _____ )		
Name of Person	Area Code	Daytime Telephone Number	

Enclosed is a check for the following amount:

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

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

MAGDA NEVES INTERNATIONAL CONSULTING 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 JANUARY 3 7 2023 and assigned Florida document number 1.23000005981.

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 "LLC."

**Enter new principal offices address, if applicable:**  
*(Principal office address MUST BE A STREET ADDRESS)*

149 HAWTHORN HEDGE LANE  
SAINT JOHNS/FL.  
32259

2023 MAR 17

**Enter new mailing address, if applicable:**  
*(Mailing address MAY BE A POST OFFICE BOX)*

149 HAWTHORN HEDGE LANE  
SAINT JOHNS/FL.  
32259

PM 6:19

**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:

149 HAWTHORN HEDGE LANE

*Enter Florida street address*

SAINT JOHNS

Florida 32259

*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>
MGR	MAGDA NEVES DIAL	149 HAWTHORN HEDGE LANE	<input checked="" type="checkbox"/> Add
		SAINT JOHNS/FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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