L23000007160

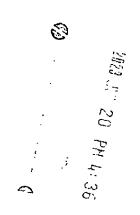
	(Requestor's Name)
	(Address)
	,
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Decement Number)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only



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S. NOTERTS

JUL 2 1 2023

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FLORIDA CAPITAL COURIER SERVICES, INC	
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524–5437	
(850) 524–6243	
Please use funds from this account:	120210000160: <u>\$25.00</u>
Authorization Signature:	
ISAM SALES EXPORT & IMPORTS L	LC L23000007160
BUSINESS NAME	DOCUMENT #
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp	X Amendment
Not for Profit	Resignation of R.A. Officer/Dire
Limited Liability	Change of Registered Agent Revocation of Dissolution
Domestication Other	Merger
CORP	Articles of Conversion
LLLP	Amended and restated Articles
	Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Qualification for LLP
Fictitious Name	Reinstatement
APOSTILLE	Other
Country	
EXAMINER'S INITIALS:	
EARITHER STREET ALS:	

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ndence concerning this matter				
	<u></u>	Name of Person			
	RS ACCOUNTING AND	TAX SERVICES INC Firm/Company			
	10 FAIRWAY DRIVE ST	E 306 Address			
	DEERFIELD BEACH FL	33442			
	DESCRIPTION OF THE	City/State and Zip Code			
	info@rsaccountingtax.com E-mail address: (to be used for future annual report noti	ification)		
For further information c	oncerning this matter, please c				
RODRIGO P SILVA		954 \ 623-7615			
	f Person	at (954) 623-7615 Area Code Daytim	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 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 Addres		Street Address:			
Registration S Division of C		Registration Se Division of Co			
P.O. Box 632		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our re Jability Company)	cords.)	
The Articles of Organization for this Limited !	Liability Company	were filed on 01/03/2023	and assigned	
Florida document number 1.23000007160				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
NONE				
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	1000 S SEMORAN BLVI	20	
(Principal office address MUST BE A STREET ADDRESS)		APT 110	• 13 1 - 3	
		WINTER PARK FL 3279	2	
			, (5	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1000 S SEMORAN BLVI) ;	
		APT 110		
		WINTER PARK FL 3279	2	
B. If amending the registered agent and/or agent and/or the new registered office address.	ess here:	address on our records, <u>er</u> TNG AND TAX SERVICES		
Name of New Registered Agent:		200	-	
New Registered Office Address:	10 FAIRWAY DRIVE SUITE 306 Enter Florida street address			
	DEERFIELD F		, Florida ³³⁴⁴¹	
			Zin 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.

Rodrigo P Silva

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>	Address	Type of Action
MGR	ANGELAMABEL X DO NASCIM	1000 S SEMORAN BLVD	□Add
		APT 110	□Remove
		WINTER PARK FL 32792	≡ Change
MGR	ISAIAS LIMA SOUSA	1000 S SEMORAN BLVD	∰Add
		APT 110	Remove
		WINTER PARK FL 32792	
			□Remove
			□Change
			□Add
		<u></u>	□Remove
			□Add
			Remove
			Change
	<u></u>		□Add
			□Remove
			□Change

ffective date, if other than the date of filing: 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 dote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. ANGELAMABEL X DO NASCIMENTO PORTO Signature of a member or authorized representative of a member			PORTO		·		
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Filing Fee: \$25.00