L23000013941

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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of 7/21/2023

COVER LETTER

TO:		stration Sect				
CUDIE/		BILDEN US	A LLC			
SUBJE	C1; .		Name of Lim	ited Liability Company		
The encl	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn	all correspond	dence concerning this matter	to the following:		
			MARCO ANTONIO MOR	RENO DE LIMA		
				Name of Person		
			SUPRA TAX LLC			
				Firm/Company		
				Address		
			ORLANDO, FL 32821			
Address						
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			ncerning this matter, please ca	aii:		
MARCO	O AN	TONIO MOI	RENO DE LIMA	407 530-0007 at ()		
		Name of I	Person	Area Code Daytime	Telephone Number	
Enclosed	d is a	check for the	following amount:			
■ \$ 25.	.00 Fi	iling Fee	S30.00 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:		<u>Street Address:</u> Registration Sect	ion	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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



2023 HAY 30 AM 7: 14 BILDEN USA 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 01/05/2023 and assigned Florida document number L23000013941 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

.Florida _

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
AMBR	JANE TERESINHA OCHNER	789 W OAKLAND AVE AP 1315	□Add
		OAKLAND, FL 34787 US	🗏 Remove
			□ Change
AMBR	TOMAS ROCHA DE LIMA	RUA MARCOS EMILIO VERBINENN 150,	= Add
		JARAGUA DO SUL, SC 89254-640 BR	□Remove
			□Change
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ote: If the date inserted in this blo ocument's effective date on the De			requirements, this date	will not be listed as to
record specifies a delayed effective	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) Ti	ne 90th day after the
is filed.				
MAV 22-4	2022			
ated MAY 23rd	. 2023	·		
444 N /		C 1 . x 61 /	1	
MAKUD ANT	Signature of a member or aut	O DE LINIA	t	
 	Signature of a member or aut	horized representative of	f a member	<u></u> _

Filing Fee: \$25.00