

Florida Department of State  
 Division of Corporations  
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# L2300054817

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To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : US TAX CONSULTING INC  
 Account Number : I20160000060  
 Phone : (407)674-8969  
 Fax Number : (407)674-8970

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

2024 FEB - 6 AM 8:49

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DEPARTMENT OF STATE  
 TALLAHASSEE, FL

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2024 FEB - 6 AM 10:51

DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 13520 LACEBARK LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
13520 LACEBARK LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 01/30/2023 and assigned Florida document number: L23000054817

Article I

A. If amending name, enter the new name of the limited liability company here:

CLAUDINO ARCHITECTURE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Article II

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

11873 VINCI DRIVE, WINDERMERE FL 34786

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

5401 S KIRKMAN RD STE 135, ORLANDO FL 32819

2024 FEB - 6 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

Article IV

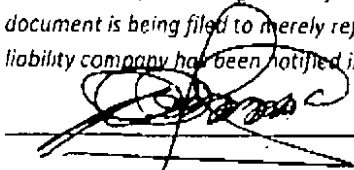
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: US TAX CONSULTING INC

New Registered Office Address: 5401 S KIRKMAN RD STE 135, ORLANDO FL 32819

**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

Title	Name	Address	Type of Action
AMBR	DEL3C CAPITAL LLC	10244 KENSINGTON SHORE DR	REMOVE <input checked="" type="checkbox"/>
		ORLANDO, FL 32827	ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	RCJP LLC	11873 VINCI DRIVE	REMOVE <input checked="" type="checkbox"/>
		WINDERMERE, FL 34786	ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	BERNADETE CLAUDINO DE O CARNEIRO	11873 VINCI DRIVE	REMOVE <input type="checkbox"/>
		WINDERMERE, FL 34786	ADD <input checked="" type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	JOAO PEDRO CLAUDINO CARNEIRO	11873 VINCI DRIVE	REMOVE <input type="checkbox"/>
		WINDERMERE, FL 34786	ADD <input checked="" type="checkbox"/>

C. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: February 06<sup>th</sup>, 2024.

Bernadete Claudino O. Carneiro  
Signature of a member or authorized representative of a member

Bernadete Claudino de Oliveira Carneiro /AMBR

Typed or printed name of signee