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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:	<b>Registration Section</b>
	Division of Corporations

al Estate SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer-Receira J. P. Real 95tate Co Firebrish LN. OULECIA FL 32 765 City/State and Zip Code E-mail address! (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (<u>UN</u>) <u>G52 - 1737</u> Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing 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)

<u>Mailing Address:</u> 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 81020 Tallahassee, FL 32303

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AM 9:

ARTICLES OF A		NT				
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OF						
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	Estate ny as it now appears iability Company)					
The Articles of Organization for this Limited Liability Company Florida document number $(230008387)$ .	were filed on	2/ 15/23	and assigned			
This amendment is submitted to amend the following:						
A. If amending name, <u>enter the new name of the limited liabi</u>	<u>lity company her</u>	<u>re</u> :				
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	signation "LLC" or the ab	obreviation "L.L.C."			
Enter new principal offices address, if applicable:			<u>.</u>			
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>						
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	cords, <u>enter the nan</u>	te of the new registered			
Name of New Registered Agent:	····		····			
New Registered Office Address:	Enter Flori	du street address				
		, Florida				
	City		Zip Code			
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agre	e to act in this c	apacity. I further ag	ree to comply with the			

provisions of all statutes relative to the proper and complete performance of my duties, and I am familier with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or If this accument is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited labeled like 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>	Address	<u>Type of Action</u>
Ambr	Jorge Pereira	1817 Ficturishin Ourdo, FC32765	🗆 Add
		ando, FC32765	Remove
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			SECAL INCY OF STATE
			🗆 Change

E.

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

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	date, if other than the date of filing: $3/14/24$ (option:		
E. Effective	date, if other than the date of filing: $2/14/24$ (option	al)	
(If an effectiv	re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing	ing.) Pursuant to 605.	.0207 (3)(b) vi. or tho
<u>Note:</u> If u	he date inserted in this block does not meet the applicable statutory filing requirements, this dis is effective date on the Department of State's records.	are with not be insu	iu as me
document	s encenve date on the Department of state s records.		
If the record sp	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	after a)24 HAR 20 A)24 HAR 20	the
record is filed.			
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	3/11/24 - 2021	AF R	11.3.5779 (
Dated	$-\frac{1}{1}$	DA D	4
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	Anuker Polour	m	
	Signature of a member or authorized representative of a member		-285°-2
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	Han, For Verine		
	Typed or printed name of signee		