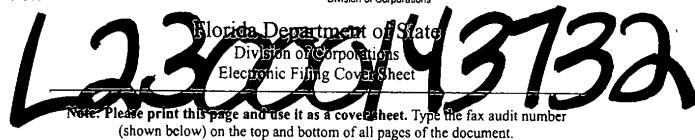
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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ATHENA BUSINESS AND TAX ADVISORS LLC

Account Number : I20230000123 Phone : (407)777-2501 Fax Number : (407)777-2502

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

Email Address: manager @ AThenatar ad UISOU. Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUWE LLC

Certificate of Status	0
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Page Count	06
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Page: 4 11/21/2023 12:59 PM TO:18506176383 FROM:4079449857

## **COVER LETTER**

	Registration S Division of Co			
SUBJEC	SUWE LL	C		
SOBJEC		Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		MARCELLA BORDIGNO	NC	
			Name of Person	
		ATHENA BUSINESS AN	ID TAX ADVISORS LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	<del></del>
		7680 UNIVERSAL BLVD	SUITE 100	
			Address	
		ORLANDO FL 32819		
			City/State and Zip Code	
		MARCELLA@ATHENAT		
		E-mail address: (	to be used for future annual report n	otification)
For furthe	er information c	oncerning this matter, please ca	ali:	
MARCELLA BORDIGNON		407 777-2501		
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>≅ \$</b> 25.0	0 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:	<b>.</b>
Registration Section Division of Corporations		Registration S		
P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

age: 3 11/21/2023 12:59 PM TO:18506176383 FROM:4079449857

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUWE LLC			
(Name of the Limi	ted Liability Comp (A Florida Limited	any as It now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L	iability Compan	y were filed on	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		N/A	Cs
			70
B. If amending the registered agent and/or nagent and/or the new registered office addre		address on our records, <u>enter the na</u>	<del>در</del> کی ا
Name of New Registered Agent:	N/A		<u> </u>
New Registered Office Address:			311
TO THE PERSON NAMED AND PARTY OF THE	<del></del>	Enter Florida street address	. 12
		, Florida _	
		Ciŋ	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

age: 2 11/21/2023 12:59 PM TO:18506176383 FROM:4079449857

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
AMBR	LEMES, SUELLEN	RUA MARECHAL DO AR ANTONIO APPEL	\BAdd
		NETO 55. SAO PAULO SP 5652020	□Remove
			□Change
AMBR	LEMES, WESLEY	RUA COMENDADOR GABRIEL CALFAT 637	BAdd
		SAO PAULO SP 5621000	□Remove
			Change
			□Add
			🗆 Remove
		···	Change
			□Add
		<del></del>	□Remove
		<del></del> -	Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_ (optional) (If 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed.

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11/21/2023

12:59 PM

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