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Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193 Phone : (407)552-7903 Fax Number : (407)449-2348

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN MAGELLAN GLOBAL INVESTMENTS LLC

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Corporate Filing Menu

Help

			COVER LETTER	
	gistration Sect vision of Corpo			
		N GLOBAL INVESTMENT	LLC	
SUBJECT: Name of Limited Liab			ed Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub	uitted for filing.	
Please return	n all correspond	dence concerning this matter	the following:	
		CLAUDIA LIMA		
			Name of Person	
		CLAUDIA LIMA TAX &	CCOUNTING LLC	
			Firm/Company	
	9100 CONROY WINDERMERE RD STE 200 OFFICE 241			
			Address	
		WINDERMERE, FL 3478		
			City/State and Zip Code	
		INFO@CLAUDIALIMATA		
		E-mail address: (be used for future annual report notification	n)
For further i	nformation con	cerning this matter, please ca	l:	
CLAUDIA	LIMA		407 5527903 at ()	
	Name of P	Person		phone Number
Enclosed is	a check for the	following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & · Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.0	gistration Se gistration Se vision of Cot D. Box 6327 Ilahassee, FL	porations	Street Address: Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	tions SC A A Control of the state of the sta

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MAGELLAN GLOBAL INVESTM			
(Name of the Limited	d Liability Compar A Florida Limited I.	ny <u>as it now appears on ou</u> Jability Company)	r records.)
The Articles of Organization for this Limited Lia Florida document number <u>L23000198350</u>		were filed on <u>04/21/202</u>	and assigned
This amendment is submitted to amend the follow	ving;		
A. If amending name, <u>enter the new name of t</u>	the limited liabi	lity company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	101 COCO PLUM DR	IVE
(Principal office address MUST BE A STREET		DAVENPORT, FL 338	97
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or registered and/or the new registered office address	gistered office a	DAVENPORT, FL 3389	97
Name of New Registered Agent:	CLAUDIA LIN	A TAX & ACCOUNTIN	G LLC
New Registered Office Address:	9100 Conroy W	indermere Rd, Suite 200	Office 241
		Enter Florida stree	t address
	200Windermere		Florida
		City	Zıp Code
New Registered Agent's Signature, if changing Real Mereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notified in writing	agent and agre r and complete ered agent as p egistered office hange.	performance of my dui rovided for in Chapter address, I hereby conf Claudia	ties, and I am familiar with and 605, F.S. Or, if this document is

FAX (26.12.2024 7:55:49

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>l'itle</u>	<u>Name</u>	Address	Type of Action
AMBR	CLAUDIO C. MAGALHAES DECANIO	Rua Catuaba, 203	□ Add
		Alphaville Campinas, SP 13098-355 Brazil	□Remove
			\(\overline{\overli
			□Add
•			□Remove
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			□Remove
			□Change
			□ Add
			Remove
<u> </u>			Control of the contro
_	 -		STATE RESPONSE

FAX	2 +14074492348	Φ	<u> </u>	26.12.2024 7:56:04
D. If am	ending any other inforn	nation, enter change(s) here:	(Attach additional sheets, if nec	essary.)
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Note:	If the date inserted in this	ne date of filing: oust be specific and cannot be prior to deblock does not meet the applicable Department of State's records.	(opticate of filing or more than 90 days after statutory filing requirements, this	onal) filing.) Pursuant to 605,0207 (3)(b) s date will not be listed as the
If the recor		ive date, but not an effective time,	at 12:01 a.m. on the earlier of: (b	ad
Dated	Dec	ember 24th , 2024	? .	2021 NOV 20
		Signature of a member or autiforize	d representative of a member	SUPER STEEL
		Claudio Cayres Mac Typed or printed n	galhaes Decanio ame of signee	10: 56 STATE . FL

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Filing Fee: \$25.00