Page: 1 . 06/14/2023

09:13 AM TO:18506176383 FROM:4073703120

6/14/23, 9 10 AM Division of Corporations

# Note: Please print this page and use it as a cover sheet. Type the a audit number

(shown below) on the top and bottom of all pages of the document.

(((H230002137143)))



H230002137143ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES ELC

Account Number : 120160000067 Phone : (407)370-3686 Fax Number : (407)370-3120

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

Email Address: MARAGLANGON AC-COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROMOACAO USA LLC

Certificate of Status	0
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Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX

JUN 15 2023

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# COVER LETTER

TO: Registration Se Division of Cor			
PROMOA SUBJECT:	CAO USA LLC		<b></b>
30 <b>0</b> 3001.	Name of Lim	ited Liability Company	<u></u>
	Amendment and fee(s) are sub	•	
riease return an correspo	ondence concerning this matter	to the following:	
	CAROLINE G LARSON		
		Name of Person	
	LARSON ACCOUNTING	G GROUP	
	<u> </u>	Firm/Company	<del></del>
	7901 KINGSPOINTE PK	WY STE 17	
Address			<del> </del>
	ORLANDO, FL 32819		
	•	City/State and Zip Code	
	MAYRA@LARSONACC.	COM to be used for future annual report	notification)
For further information of	oncerning this matter, please of	•	in the second
CAROLINE G LARSO	,	407 3703686	
Name of Person		at () Area Code Day	time Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Fiting 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	
Registration by Division of C		Registration Division of (	
P.O. Box 632			of Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROMOACAO USA LLC	_			
(Name of the Lir	nited Liability Company as it now appears on or (A Florida Limited Liability Company)	r records.)		
The Articles of Organization for this Limited	Liability Company were filed on 04/28/20	23	and assigne	d
Florida document number L23000211354				
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited liability company here:			
N/A				
he new name must be distinguishable and contain the	e words "Limited Liability Company," the designat	ion "LLC" or the abbrev	istion "L.L.C."	
Enter new principal offices address, if appl	licable:			
Principal office address MUST BE A STRE	EET ADDRESS)			
Enter new mailing address, if applicable:	·			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	- 20	
			دے ریب	
			2	
3. If emending the registered agent and/or	registered office address on our records	s, enter the name of	the new.reg	ziste
igent and/or the new registered office addr	ress hore:		٠ -	ζ
			<del>2</del>	
Name of New Registered Agent:	N/A		2: [	
N. D. 105 All			اً ک	
New Registered Office Address:	Enter Florida stre	et address	. <u> </u>	
		, Florida		
	Circ		Tip 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 N	ew Registered Agent

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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	EB FRETAMENTOS LIMITED	7901 KINGSPOINTE PKW STE 17	□Add
		ORLANDO, FL 32819	
			□Change
			□Add
			□Remove
		<u></u>	Change
			□ Add
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Page: 5 4 06/14/2023 09:13 AM TO:18506176383 FROM:4073703120

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