

L23000224613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

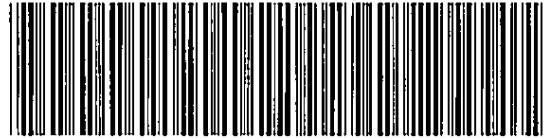
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TALLAHASSEE, FLORIDA

*Handwritten signature*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BAYVIEWDRIVE2448 LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

LUIS G. B. GONCALVES

\_\_\_\_\_  
Name of Person

BT7 PARTNERS

\_\_\_\_\_  
Firm/Company

7680 UNIVERSAL BLVD SUITE 380

\_\_\_\_\_  
Address

ORLANDO, FL 32819

\_\_\_\_\_  
City/State and Zip Code

contato@bt7partners.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS G. B. GONCALVES

407 371-5600  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:**

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 810  
Tallahassee, FL 32303

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

BAYVIEWDRIVE2448 LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/08/2023 and assigned  
Florida document number 1.23000224613.

This amendment is submitted to amend the following:

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

SOFTNIX GLOBAL LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6245 N FEDERAL HWY

SUITE 320

FORT LAUDERDALE, FL 33308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6245 N FEDERAL HWY

SUITE 320

FORT LAUDERDALE, FL 33308

**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	VIANNA CALDAS, MARCELO	2900 NE 7TH AVE PH 4703	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VIANA CALDAS, KLEILENE	2900 7TH AVE PH 4703	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARCASA US CORP	6245 N FEDERAL HWY	<input checked="" type="checkbox"/> Add
		SUITE 320	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Change
AMBR	HIPOLITO LOUREIRO, MATHEUS	6245 N FEDERAL HWY	<input checked="" type="checkbox"/> Add
		SUITE 320	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Change
AMBR	ALCAMIL MOREIRA, BRUNO	6245 N FEDERAL HWY	<input checked="" type="checkbox"/> Add
		SUITE 320	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Change
MGR	VIANA CALDAS, MARCELO	6245 N FEDERAL HWY	<input checked="" type="checkbox"/> Add
		SUITE 320	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Change

[illegible]

(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.

Dated MARCH 11th

2024

Signature of a member or authorized representative of a member

MARCELO VIANA CALDAS

Typed or printed name of signee

**Filing Fee: \$25.00**