06/27/2023 11:55 AM TO:18506176383 FROM:3213660511 Page:



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CKO CONSULTING AND TAX SERVICES LLC

Account Number : I20220000100 Phone : (321)366-0510 Fax Number : (321)366-0511

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

Email Address:\_\_\_\_\_

## EEEE LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 🗢 🚬 LC CORPORATE BUSINESS LLC

| Certificate of Status | 0       |
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T. LEMIEUX

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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   |  |
|--|--|---|--|
| ountres .                              | LC GORPORATE BUSINESS                        | LLC ,   |  |
| SUBJE€Ţ:₹                              | Name of Limi                                 | ited Liability Company  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub.                | mitted for filing.  |  |
| Please return all correspo             | ondence concerning this matter               | to the following:   |  |
|  | CRISTIANE OLIVEIRA                           | SILVA   |  |
|  |  | Name of Person  |  |
|  | CKO CONSULTING AT                            | ND TAX SERVICES LLC   |  |
|  |  | Firm/Company  |  |
|  | 7065 WESTPOINTE BL                           | VD # 303  |  |
|  |  | Address   |  |
|  | ORLANDO - FL - 32835                         | ;   |  |
|  |  | City/State and Zip Code   | ·······  |
|  | CKOFINANCIALSERV                             | ICES@GMAIL.COM  |  |
|  | E-mail address: (                            | to be used for future annual report noti                            | fication)  |
| For further information c              | oncerning this matter, please ca             | all:  |  |
| CRISTIANE OLIVEI                       | RA SILVA                                     | 321 366 0510  |  |
| Name o                                 | f Person                                     | at () Area Code Daytim  | e Telephone Number   |
| Enclosed is a check for ti             | he 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 Addres                         |  | Street Address:   |  |
| Registration !                         |  | Registration Se   |  |
| Division of C<br>P.O. Box 632          |  | Division of Cor<br>The Centre of T                                  | •  |

Tallahassee, FL 32314

H230002276863 ABC3

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LC CORPORATE BUSINESS LLC   |                             |  |
|---|-----------------------------|--|
| (Name of the Limited Liability Company as it now ap<br>(A Florida Limited Liability Compa                                       | pears on our records.)      |  |
| The Articles of Organization for this Limited Liability Company were filed on   | 05/17/2023                  | and assigned   |
| Florida document number L23000242902  |                             |  |
| This amendment is submitted to amend the following:   |                             |  |
| A. If amending name, enter the new name of the limited liability compan   | y here:                     |  |
| The new name must be distinguishable and contain the words "Limited Liability Company."   | the designation "LLC" or th | e abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:   |                             |  |
| (Principal office address MUST BE A STREET ADDRESS)   |                             |  |
|   |                             |  |
| Enter new mailing address, if applicable:   |                             |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |                             |  |
|   | · ·                         | 22.  |
|   |                             | (  |
| B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here: | ur records, enter the r     | name of the new registere  |
| agent and/or the new registered office address nere.  |                             | <del>-1</del> ;.   |
| Name of New Registered Agent:   |                             |  |
|   |                             | COST TO STATE OF THE PARTY OF T |
| New Registered Office Address:  Enter   | Florida street address      |  |
|   | , Florida                   | 1  |
| 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

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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

| Title | Name                  | Address   | Type of Action |
|-------|-----------------------|---|----------------|
| AMBR  | MARCUS V LIMA CARDOZO | 6151 LAKE LODGE DRIVE 1-103   | ≣ Add          |
|       |                       | WINTER GARDEN - FL - 34787  | □Remove        |
|       |                       |   | Change         |
| AMBR  | MARCOS V LIMA CARDOZO | 6151 LAKE LODGE DRIVE 1-103   |                |
|       |                       | WINTER GARDEN - FL - 34787  | ■Remove        |
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| an effectiv<br><u>lote:</u> If the | date, if other than the date is listed, the date in ne date inserted in this is effective date on the | ust be specific and<br>block does not m | cannot be prior to<br>neet the applicat | date of filing | or more than filing requir | option (option) (opti | ling.) Pursuant to                      | 605.0207<br>listed as |
| record sp<br>i is filed.           | ecifies a delayed effect  | ve date, but not                        | an effective tim                        | e, at 12:01 a  | i.m. on the e              | arlier of: (b)   | The 90th day                            | after the             |
| ated                               | JUNE 27th   | ·                                       | 2023                                    | _ •            |                            |  |   |                       |
|                                    | Ma  | Signature of a re                       | Lima                                    | 20             | ando:                      | ko .   |   |                       |
|                                    |   | Signature of a m                        | nember or author                        | zed represent  | ative of a mer             | nber   |   | -                     |
|                                    |   |   |   |                |                            |  |   |                       |

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