

Division of Corporations

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Florida Department of State
Division of Corporations
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H230001885213ABC/

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

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Phone : (305)878-1516
Fax Number : (786)542-5995

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAGO CAPITAL SUL LLC

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MAY 23 2023
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COVER LETTER

TO: Registration Section
Division of Corporations

1123000 L P85213

SUBJECT: LAGO CAPITAL SUL 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:

LINO DE CARVALHO CAVALCANTE,

Name of Person

CORPORATE CREATIONS NETWORK INC.

Firm/Company

801 US HWY 1

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

timothy@corpcreations.com

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

For further information concerning this matter, please call:

JENISA IRIZARRY

Name of Person

at (561) 694-8107

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

1123000 L P85213

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

H23000243778

LAGO CAPITAL SUL 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 05/17/2023 and assigned
Florida document number L23000243778.

This amendment is submitted to amend the following:

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

LAGO SUL CAPITAL 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

H23000243778

H23000185213

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>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

H23000185213

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: 05/17/2023 (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.

Dated MAY 22, 2023

Signature of a member or authorized representative of a member

LINO DE CARVALHO CAVALCANTE

LINO DE CARVALHO
CAVALCANTE:70357889304

Lebenslauf des Herrn: geboren am 1908 in Aachen
 1937-1940 in der Wehrmacht
 Nach dem Krieg als Arbeiter tätig, zuletzt als Fahrer bei der Reichsbahn.
 Am 1. April 1945 wurde er von der Wehrmacht entlassen und kehrte nach Hause zurück.
 Im Jahr 1946 wurde er Mitglied der Sozialistischen Arbeiterpartei Deutschlands (SAPD).
 Im Jahr 1947 wurde er Mitglied der Sozialistischen Arbeiterpartei Deutschlands (SAPD).

Typed or printed name of signee

Filing Fee: \$25.00

H230001855213