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PILE 1 2021 AUG 27 AM II: 05 SECRETARY OF STATE SECRETARY SEE. FL

## **COVER LETTER**

TO: Registration Se Division of Cor			
	INVESTMENTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Pedro Henrique Stuart D	e Lima	2024 SEC
		Name of Person	ALL
	STUARTS INVESTMENTS	S LLC	2024 AUG 27 AM 11: 05 SEGRETARY OF STATE TALLAHASSEE, FL
		Firm/Company	HASSET
	14753 Snowy Egret Stre	et	EE, F
		Address	TE TE
	Winter Garden, FL 3478	37	
	Vinepedros@gmail.com	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please c	all:	
Hitalo Mariotto		585 3555424 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Registration		Street Address: Registration Sec	tion
Division of C		Division of Corp	
P.O. Box 632	27	The Centre of T	
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

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

STUARTS INVESTMENTS LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our record ited Liability Company)	P)
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on Florida	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
TUARTS AND MEIRELES INVESTMENTS LLC		. 2
he new name must be distinguishable and contain the words "Limited 1	Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		ARE NO
Principal office address MUST BE A STREET ADDRESS	<u> </u>	2 PAR 2 I
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		EE. FILE
. If amending the registered agent and/or registered off gent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	5
New Registered Office Address:		s prida

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

Company of the Company

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager	
AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the in effective date is listed, the date mu-	ist be specific and cannot be prior	to date of filing or more th	(optional) nan 90 days after filing.) Po	irsuant to 605.03
ote: If the date inserted in this blocument's effective date on the D	lock does not meet the applic	able statutory filing req	prirements, this date will	I not be listed
	· · · · · · · · · · · · · · · · · · ·	•		
record specifies a delayed		t an effective time	, at 12:01 a.m. on	the earlier
The 90th day after the rec	cord is filed.			
August 09	2024			
August 09	·	<u> </u>		
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<del></del>	Signature of a member or author	orized representative of a	member	