

L23000316143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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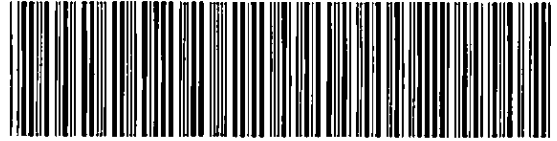
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07/16/24--01012--009 **52.50

FILED

2024 AUG 19 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FL

43

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONTANHA 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:

Vitoria Pinhas

Name of Person

Montanha LLC

Firm/Company

710 N Lemon Ave, Ste 245

Address

Sarasota, FL 34236

City/State and Zip Code

montanhallc2023@gmail.com

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

For further information concerning this matter, please call:

Vitoria Pinhas

Name of Person

at (267)

Area Code

265-3250

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)

****Copy of the previous check in the amount of \$52.50 that has been cashed + plus an additional check in the amount of \$7.50 to complete the total of \$60.00**

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**

MONTANHA 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 07/03/2023

Florida document number L23000316143

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

FILED
2024 AUG 19 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FL

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>
MGR	Yuri Vasconcelos Pinheiro	Rua 87 N. 598 St. Sul	<input type="checkbox"/> Add
[Change to AMBR]		Goiania, GO, Brazil	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Mara Vasconcelos Pinheiro	Rua 87 N. 598 St. Sul	<input type="checkbox"/> Add
		Goiania, GO, Brazil	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Edmo Dias Pinheiro	Rua 87 N. 598 St. Sul	<input type="checkbox"/> Add
		Goiania, GO, Brazil	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please refer to attachment: First Amendment to the ARTICLES OF ORGANIZATION
of MONTANHA LLC.

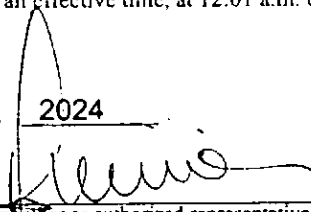
E. Effective date, if other than the date of filing: _____ (optional)

(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 August 08, 2024



Signature of a member or authorized representative of a member

Vitoria Pinhas – Authorized Agent

Typed or printed name of signee

Filing Fee: \$25.00

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L23000316143
FILED 8:00 AM
July 03, 2023
Sec. Of State
olsimmons

Article I

The name of the Limited Liability Company is:

MONTANHA LLC

Article II

The street address of the principal office of the Limited Liability Company is:

801 BRICKELL KEY BLVD
2708
MIAMI, FL. US 33131

The mailing address of the Limited Liability Company is:

710 N LEMON AVE
245
SARASOTA, FL. US 34236

Article III

The name and Florida street address of the registered agent is:

VITORIA PINHAS
710 N LEMON AVE
245
SARASOTA, FL. 34236

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: VITORIA PINHAS

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR → P
YURI VASCONCELOS PINHEIRO
RUA 87 N. 598 ST. SUL
GOIANIA, GO. 74093-300 BR

Title: AMBR → REMOVE
MARA VASCONCELOS PINHEIRO
RUA 87 N. 598 ST. SUL
GOIANIA, GO. 74093-300 BR

Title: AMBR → REMOVE
EDMO DIAS PINHEIRO
RUA 87 N. 598 ST. SUL
GOIANIA, GO. 74093-300 BR

L23000316143
FILED 8:00 AM
July 03, 2023
Sec. Of State
olsimmons

Article V

The effective date for this Limited Liability Company shall be:

07/01/2023

Signature of member or an authorized representative

Electronic Signature: VITORIA PINHAS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2024

VITORIA PINHAS
710 N LEMON AVE
STE 245
SARASOTA, FL 34236

SUBJECT: MONTANHA LLC
Ref. Number: L23000316143

We have received your document for MONTANHA LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 924A00016242