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COVER LETTER

Division of Co					
30)(OX 11.6				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	`Amendment and fee(s) are sul	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Mathe	us Marcilia)		
		Firm/Company			
	940 SW 8	3 m Sl apt 220	<u>-</u>		
	Boca Ra	ton, FL 33428 City/State and Zip Code DON Down I wom	<u> </u>		
	M3_ marali	o a not not future annual report notified to be used for future an	eution)		
For further information c	oncerning this matter, please c	•	Catam)		
Matheus	Marcilio	au 5701 S09-	- 9542		
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	ne following amount:				
区 \$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 Registration 5		<u>Street Address:</u> Registration Sect	ion		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, I		2415 N. Monroe			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 Florida document number <u>LL30003.16395</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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 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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		Boca Daton, FZ 33428	□Remove
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an effective date is lote: If the date i	Tother than the date of factorial listed, the date must be specific inserted in this block does not be date on the Department.	c and cannot be prior to c not meet the applicable	date of filing or more than e statutory filing requir	(optional) 90 days after filing.) Pursua ements, this date will no	unt to 605 0207 of be listed as
record specifies a is filed.	i delayed effective date, but	not an effective time.	, at 12:01 a.m. on the e	arlier of: (b) The 90th	day after the
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