## L23000331758

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

CHIDARAGE	NIAL J. J. DARELE LLC	,	
SUBJECT:	Name of Lim	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:	
	JORGE CESAR RIBEIRO	D DOS SANTOS	
		Name of Person	
	<del></del>	Firm/Company	
	3249 CUPID PL	<del></del>	
	KISSIMMEE, FL 34747	Address	
	thallisnobre@hotmail.com	City/State and Zip Code to be used for future annual report not	itigation
For further information c	oncerning this matter, please co	·	incation)
Thallis E. Nobre		407 591-7989 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PATRIMONIAL J. J. DARELE LLC			
(Name of the Limited I	Liability Company as it now ap Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Liabi Florida document number L23000331758	lity Company were filed or	08/11/2023	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the word	s "Limited Liability Company,"	the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered and/or the new registered office address by	istered office address on o	HASSES STATES	2023 ALG 24 FT D of the new register 7
Name of New Registered Agent:  New Registered Office Address:		-	. <u> </u>
	Ente	r 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

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>	Name	Address	Type of Action
AMBR	THALLIS ECCARD NOBRE	11055 Bookmark Ln, Winter Garden FL 34787	<b>=</b> Add
			Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
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Effective date, if other than the da	ita of filing:		(optional)	
If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prick does not meet the appl	or to date of filing or mo icable statutory filing	ore than 90 days after filing.)	Pursuant to 605.020 vill not be listed as
e record specifies a delayed effective d rd is filed.	ate, but not an effective	time, at 12:01 a.m. o	on the earlier of: (b) The	90th day after the
August 11th	2023			
Dated				
Sontat CEH	97 P. DOS	Syntal thorized representative	of a mumber	
Dated August 11th  Sontact CEN Si		Son Les thorized representative	of a member	

Filing Fee: \$25.00