

L23000355254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SEP 11 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: W2 PARTICIPACOEES 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:

ANDRE LEANDRO MARCONATTO AMARAL

Name of Person

SUPRA TAX LLC

Firm/Company

6675 WESTWOOD BLVD STE 330

Address

ORLANDO, FL 32821

City/State and Zip Code

BUSINESS@SUPRATAX.COM

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

For further information concerning this matter, please call:

ANDRE LEANDRO MARCONATTO AMARAL

Name of Person

at ( 407 )

Area Code

530-0007

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

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

W2 PARTICIPACOE 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 07/27/2023 and assigned  
Florida document number L23000355254.

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*

\_\_\_\_\_, **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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ANDRE LEANDRO MARCONA1	AV PLINIO BRASIL MILANO, 1310/1901B	<input type="checkbox"/> Add
		PORTO ALEGRE, RS 88330-018 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDRE LEANDRO MARCONA1	AV PLINIO BRASIL MILANO, 1310/1901B	<input checked="" type="checkbox"/> Add
		PORTO ALEGRE, RS 92520-000 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LEANDRO RIGO FROSI	AV PLINIO BRASIL MILANO, 1310/1901B	<input type="checkbox"/> Add
		PORTO ALEGRE, RS 88330-018 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LEANDRO RIGO FROSI	AV ATLANTICA 2892/2101	<input checked="" type="checkbox"/> Add
		BALNEARIO COMBORJU, SC 88330-018 BR	<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


[illegible]

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(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)


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.

h AUGUST 2023



Signature of a member or authorized representative of a member

ANDRE LEANDRO MARCONATTO AMARAL



Typed or printed name of signer

**Filing Fee: \$25.00**