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(Re	equestor's Name)	<del></del>
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☐ PICK-UP	☐ WAIT	MAIL
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(Uc	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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2023 SEP 13 MM 9: 20 SECRETARY OF STATE TALL ALLAS SEP, FI

## **COVER LETTER**

Registration Section

**Division of Corporations** 

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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chagas In	westments LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on o a Limited Liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	23	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company." the designa	tion "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>	
Principal office address MUST BE A STREET ADDI	RESS)		
		<u></u>	22
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Enter new mailing address, if applicable:			7)
Mailing address MAY BE A POST OFFICE BOX)	,,,	支票	ω : 
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B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	is, enter the name	of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida sti	reet address	<u> </u>
		Florida	
	City	, Florida	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 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>	Address	Type of Action
MGR	DIOGO ARAUJO	4220 BULL STREET SAINT CLOUD FL 34772	<b></b>
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ctive date, if other than the date of filing:	r to date of filing or n	(optional) nore than 90 days after filing.)	Pursuant to 60
If the date inserted in this block does not meet the application of the state in the state of		g requirements, this date v	vill not be lis
ment is enective date on the population of state is records	•		
ord specifies a delayed effective date, but not an effective t	ime, at 12:01 a.m.	on the earlier of: (b) The	90th day aft
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