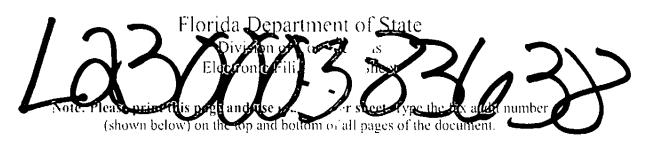
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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111 : (407)800-7028 Fax Number : (407)992-9407

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MONTEIRO PARTICIPATIONS LLC

Certificate of Status		0
Certified Copy		0
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Estimated Charge		\$25.00

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	Registration Secti Division of Corpo "T:	rations MONT	COVER LETTE EIRO PARTICIPA imited Liabilus Company		
	Division of Corpo	rations MONT		TIONS LLC	
SUBJEC	T:			TIONS LLC	
	•	Name of L	imited Liability Company		
			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:			
			Maria C Sousa		
			Name of Person		
		Sa	A Finance & Accounting In	c	
			FirmCompany	44-51-11-17-1	
			5728 Major Blvd Ste 30	19	
		Address			
		Orlando Florida 32819			
		City/State and Zip Code			
		E-mail addres	contactus@sousaacc.ct	oth report notification)	
For furth	er information con	cerning this matter, please	e call:		
	Maria C	Sousa	at (<u>407</u>) Area Code	8007028	
	Name of P	erson	Area Code	Daytime Telephone Number	

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONTEIRO PARTICI	PATIONS LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company were filed	08/15/2023	and assigned
on Florida document number L23000383638		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abb	reviation "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)	•	
Studing data ess SEST DL AT OST OFFICE DOST		638
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
3. If amending the registered agent and/or registered office address on our	records, <u>enter the name</u>	of the new register
gent and/or the new registered office address here:		
		. <u>च</u>
Name of New Registered Agent:		ं भी
New Registered Office Address:		(A)
Enter F	lorida street address	
	, Florida	
Cig		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

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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_	Kleysson Braga	11 APEX DRIVE SUITE 300A	(XAdd
		MARLBOROUGH, MA 01752	ElRemove
			□Change
			⊡Add
			□Remove
			Change
			□Remove
			Change
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			ElRemove
			Ci Change
			□Add
			□Remove
			[]Change

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I amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	<u> </u>
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iote: li	date, if other than the date of filing: (optional) we 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at 's effective date on the Department of State's records.
record s I is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	<u>September 13</u> , <u>2023</u> .
	September 13 , 2023
	Signature of a member or authorized representative of a member