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7/11/24, 12:53 PM

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To:

Division of Corporations

Fax Number

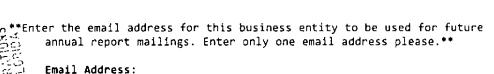
: (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193 : (407)552-7903

Fax Number : (407)449-2348



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MACHADO FINISH CARPENTRY LLC

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			COVERLETTER	
	gistration So vision of Cor		f	
CIID IDAT.	MACHAD	O FINISH CARPENTRY LLC		
SUBJECT:	<u></u>	Name of Lin	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		CLAUDIA LIMA		
			Name of Person	
		CLAUDIA LIMA TAX &	ACCOUNTING LLC	
Firm/Company				
	9100 CONRO WINDEREMERE RD STE 200 OFFICE 241			
			Address	· · · · · · · · · · · · · · · · · · ·
		WINDERMERE, FL 3478	66	
			City/State and Zip Code	
		INFO@CLAUDIALIMAT.		
		E-mail address: (to be used for future annual report noti	tication)
For further is	nformation c	oncerning this matter, please c	all:	
CLAUDIA I	LIMA		407 552-7903 at ()	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a	ı check for tl	he following amount:		
■ \$ 25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cl \$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**

(A F	lability Company as it now appears on our records.) lorida Limited Liability Company)
he Articles of Organization for this Limited Liabil orida document number L24000046836	ity Company were filed on 01/25/2024 and assigned
his amendment is submitted to amend the followin	ng:
. If amending name, enter the new name of the	limited liability company here:
a namana must be distinguishable and versuin the words	"Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
•	•
nter new principal offices address, if applicable	
<u>Principal office address MUST BE A STREET A</u>	DDRESS)
	7.
	.•
nter new mailing address, if applicable:	
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE BOX</u>	<u> </u>
	<u> </u>
Aailing address MAY BE A POST OFFICE BOX	- T
Aailing address MAY BE A POST OFFICE BOX	tered office address on our records, enter the name of the new regist
Aailing address MAY BE A POST OFFICE BOX	tered office address on our records, enter the name of the new regist
Aailing address MAY BE A POST OFFICE BOX	tered office address on our records, enter the name of the new regist
Aailing address MAY BE A POST OFFICE BOX	tered office address on our records, enter the name of the new regist
Aailing address MAY BE A POST OFFICE BOX If amending the registered agent and/or registered and/or the new registered office address he	tered office address on our records, enter the name of the new regist

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.

City

FAX . 🛱 +14074492348	 1 1 € 6/8	2 11.7.2024	10:15:21

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
AMBR	EMILLY ELIAS FORNAZA MACHADO	948 BUFFORD ST NW	🗀 Add
		PALM BAY, FL 32907	□Remove
			€ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		,	□Change
			□Add
			□Remove
			□Change
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		,	□Remove
			□Change
			🗆 Add
			□Remove
			□Change

FULL NAME OF NEW M	
FIRST NAME: EMILLY -	LAST NAME ELIAS FORNAZA MACHADO
	
	
. Effective date, if other than th	ne date of filing: (optional) ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(
(If an effective date is listed, the date m Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the
the record specifies a delayed effect cord is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JUNE 21TH	2024
-	
Rodingo Ohyeria (Jun 21, 2024 11, 0	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
RODRIGO DE OLIV	
	Typed or printed name of signee

FAX . , 2 +14074492348

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