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PICK-UP WAIT MAIL
(Business Entity Name)
(20011)
(Document Number)
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Special Instructions to Filing Officer:





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SECTION OF STATE



COVER LETTER

TO:

Registration Section

Divisio	n of Corp	oorations					
A!	SA Client	Deposits LLC					
SUBJECT:		Name of Lim	ited Liability Compa	iny			
The enclosed A	rticles of A	amendment and fee(s) are sub-	mitted for filing.				
Please return all	correspon	dence concerning this matter	to the following:				
		Emanuel da Rosa Lima					
			Name of Per	son			
		N/A					
	Firm/Company						
		66 W Flagler St Suite 900	# 10139				
			Address				
		Miami, FL 33130					
			City/State and Zi	p Code	-		
		asaclient@proton.me					
			to be used for future	annual report r	otification)		
For further info	rmation co	encerning this matter, please c					
Emanuel da Rosa Lima			786 at (638-8384)	time Telephone Number		
	Name of	Person	Area Co	de Day	time Telephone Number		
Enclosed is a ch	neck for the	e following amount:					
■ \$25.00 Fili:	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified C		Certified	e of Status &	
Regis Divis P.O. 1	Box 632'	ection orporations	R D T 2	he Centre o	Section Corporations f Tallahassee nroe Street, Suite 8	SECIL NAT OF STAT	- 1 Ma 1 LG

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our recor liability Company)	<u>ds.</u>)			
The Articles of Organization for this Limited Liability Company Florida document number L24000055585	were filed on 01/30/2024	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LL	C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	66 W Flagler Street				
(Principal office address MUST BE A STREET ADDRESS	Suite 900 #10139				
	Miami, FL 33130				
Enter new mailing address, if applicable:	66 W Flagler Street				
••	Suite 900 #10139				
(Mailing address <u>MAT BE A POST OF FICE BOA)</u>					
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	Miami, FL 33130 address on our records, ente	r the name of the new registered			
B. If amending the registered agent and/or registered office		r the name of the new registered			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	uddress on our records, <u>ente</u>				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ente</u> Enter Florida street addre				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ente</u> Enter Florida street addre				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street addre	lorida			

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	Emanuel da Rosa Lima	66 West Flagler Street	= Add
		Suite 900 # 10139	□Remove
		Miami, FL 33130	□Change
MGR	Elce L Moreira	66 West Flagler Street	□Add
		Suite 900 # 10139	
		Miami, FL 33130	□Change
			□Add
			□Remove
			□Change
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Note: If to ocument record splits filed.	the date inserted in the continuation of the c	his block does no the Department o	ot meet the applicat of State's records.	ole statutory filing i	equirements, this d	late will not be The 90th day a	listed as
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