



# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VOF - VISIT ORLANDO FLORIDA 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:

ALAN DOS SANTOS SILVA  
Name of Person  
  
Firm/Company  
  
12714 SALOMON COVE DR  
Address  
  
WINDERMERE, FL 34786  
City/State and Zip Code  
  
julianakarfitsas@gmail.com  
E-mail address: (to be used for future annual report notification)

2024 APR 16 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FL  
12714

For further information concerning this matter, please call:

ALAN DOS SANTOS SILVA                      321                      436-5110  
Name of Person                      at (                      )                      Daytime Telephone Number  
Area Code

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**

VOF - VISIT ORLANDO FLORIDA 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 02/08/2024 and assigned Florida document number L24000072289.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

THE SAME

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:

THE SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

THE SAME

(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:

THE SAME

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	TATIANA DE C MENESES SILVA	12714 SALOMON COVE DR	<input type="checkbox"/> Add
		WINDERMERE, FL 34786 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARLA DE O. REIS FAVORETO	RUA THALES DE AQUINO COELHO 173	<input type="checkbox"/> Add
		RIO DE JANEIRO, RJ 22793--300 BR	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

NOTHING TO ADD

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TALLAHASSEE, FL

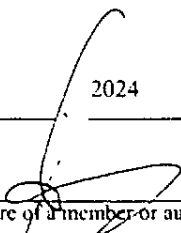
**E. Effective date, if other than the date of filing: 04/08/2024 (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated April 8 2024

  
Signature of a member or authorized representative of a member

ALAN DOS SANTOS SILVA

Typed or printed name of signer

**Filing Fee: \$25.00**