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## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

Venda Ma SUBJECT: .	is LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cassia Dossantos		
		Name of Person	****
	D.Spark Services LLC		
		Firm/Company	
	771 S Kirkman rd		
		Address	
	Orlando, FL 32811		
	dsparkbusiness@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Cassia Dossantos		407 6692090 at ()	
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

Venda Mais LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number 1.24000103180	Liability Company	were filed on <u>02/28/2024</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the Enter new principal offices address, if appli		LEONARDO FUZARO	
(Principal office address MUST BE A STREET ADDRESS)		1939 CACUITA WAY	2021 11.5
		KISSIMMEE FL 34744	
Enter new mailing address, if applicable:		LEONARDO FUZARO	.ల ట
(Mailing address MAY BE A POST OFFICE BOX)		1939 CACUTTA WAY	
		KISSIMMEE FL 34744	•
B. If amending the registered agent and/or agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:	ess here:	rk Services LLC	e name of the new register
	ORLANDO	Flori	ida 32811
		City	Ziv 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
			□Add
			Remove
			□Change
	<del></del>		
			□Remove
			Change
			□Add
			□Remove
		<del></del>	Change
			🗆 Add
			Remove
			□Change
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			Remove
			□Change
			□Add
			□Remove
			□Change

1939 CACUTA WAY		
KISSIMMEE FL 34744		
	<del></del>	
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	st be specific and cannot be prior to date of fil ock does not meet the applicable statute	(optional) ling or more than 90 days after filing.) Pursuant to 605.0207 ( ory filing requirements, this date will not be listed as t
record specifies a delayed effectived is filed.	e date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th day after the
d is incu.		
Dated MARCH 07	2023	