

FAX

+14074492348



E 8/8

8.8.2024

8:57:06

X

8/2/24, 5:25 PM

**L24000107659**

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000261337 3)))



H240002613373ABC

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX &amp; ACCOUNTING LLC

Account Number : I20230000193

Phone : (407)552-7903

Fax Number : (407)449-2348

RECEIVED  
STATE  
CORP. DIV.  
AUG 10 10:52 AM  
TALLAHASSEE, FL

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

Email Address: INFO@CLAUDIALIMATAX.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
COMMERCIAL PRIME LAND LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

8. HUNT  
08/08/24

RECEIVED  
AUG 1 11:41 AM  
CORP. DIV.

RECEIVED  
AUG 1 11:41 AM  
CORP. DIV.

FAX

14074492348

3/8

8.8.2024

8:55:12

7

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMMERCIAL PRIME LAND LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDIA LIMA

Name of Person

CLAUDIA LIMA TAX & ACCOUNTING LLC

Firm/Company

9100 CONROY WINDERMERE RD STE 200 OFFICE 241

Address

WINDERMERE, FL 34786

City/State and Zip Code

INFO@CLAUDIALIMATAX.COM

E-mail address: (to be used for future annual report notification)

STATE  
8 AM 10:52

For further information concerning this matter, please call:

CLAUDIA LIMA

407 552-7903

at ( )

Name of Person

Area Code

Daytime Telephone Number

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMMERCIAL PRIME LAND 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 03/01/2024 and assigned Florida document number 1.24000107659

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

312 SABINAL ST

OCOE, FL 34761

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

312 SABINAL ST

OCOE, FL 34761

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:

CLAUDIA LIMA TAX & ACCOUNTING LLC

New Registered Office Address:

9100 CONROY WINDERMERE RD STE 200 OFFICE 241

Enter Florida street address

WINDERMERE

City

Florida 34786

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.*

*Claudia Lima*

If Changing Registered Agent, Signature of New Registered Agent

FAX

+14074492348



5/8

8.8.2024

8:56:07



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	LUIZ HENRIQUE DE CASTRO R	2937 BANANA PAL DR	<input type="checkbox"/> Add
		KISSIMMEE, FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAMIR NASSI DE OLIVEIRA	312 SABINAL ST	<input type="checkbox"/> Add
		OCOEEL, FL 34761	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

STATE  
APR 10 10:52  
KISSIMMEE, FL

FAX

14074492348

1

6/8

8.8.2024

8:56:23

X

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

REMOVING MEMBER FULL NAME: LUIZ HENRIQUE DE CASTRO R LOURENCO

RECEIVED  
STATE  
SECRETARY  
AUG 10 10:52 AM  
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 AUGUST 2ND 2024



Samir Nassi de Oliveira Aug 8, 2024 11:50 EDT

Signature of a member or authorized representative of a member

SAMIR NASSI DE OLIVEIRA

Typed or printed name of signee