

L24000115394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

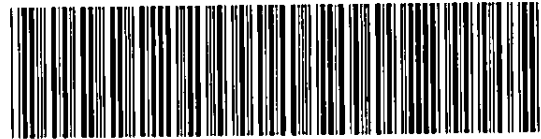
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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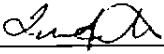
TALLAHASSEE, FLORIDA

2024 JUL 23 AM 10:52

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$30.00

AUTHORIZATION SIGNATURE: 

DABARRA LLC L24000115394

BUSINESS (Name)

Document #

☐ Walk in

☐ Pick up time _____

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified copies of

☒ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ **CORP**

☐ LLP

☐ **INC**

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL () _____
Country

AMMENDMENTS

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Conversion

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Limited Partnership

☐ Revocation of Dissolution

☐ Trademark

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DABARBA 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:

MARIA MADALENA CALDAS-LOPES

Name of Person

MADE IN BRAZIL SERVICES

Firm/Company

2950 WINKLER AVENUE SUITE 501

Address

FORT MYERS, FL 33916

City/State and Zip Code

MADE IN BRAZIL SERVICES@HOTMAIL.COM

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

For further information concerning this matter, please call:

MARIA MADALENA CALDAS-LOPES

Name of Person

at (239)

Area Code

810-6079

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
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

FILED

2024 JUL 23 AM 8:50

DABARRA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/06/2024 and assigned Florida document number L24000115394.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1227 CITIZENS PKWY APT. #101
UNIT 600 - 101
NORTH PORT, FL 34288

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1227 CITIZENS PKWY APT. #101
UNIT 600 - 101
NORTH PORT, FL 34288

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:

MADE IN BRAZIL SERVICES

New Registered Office Address:

2950 WINKLER AVENUE SUITE 501

Enter Florida street address

FORT MYERS

City

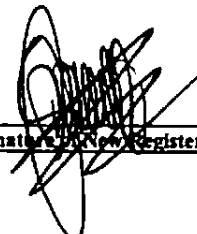
, Florida 33916

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	RUBIANE SOARES DE FREITAS	1227 CITIZENS PKWY APT. #101	<input checked="" type="checkbox"/> Add
		UNIT 600-101	<input type="checkbox"/> Remove
		NORTH PORT, FL, 34288	<input type="checkbox"/> Change
AMBR	JOSE MARCO GREGORIO FREITAS TOR	1227 CITIZENS PKWY APT. #101	<input checked="" type="checkbox"/> Add
		UNIT. 600-101	<input type="checkbox"/> Remove
		NORTH PORT, FL, 34288	<input type="checkbox"/> Change
AMBR	JAIME GREGORIO FREITAS TORRES	1227 CITIZENS PKWY APT. #101	<input checked="" type="checkbox"/> Add
		UNIT. 600-101	<input type="checkbox"/> Remove
		NORTH PORT, FL, 34288	<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

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

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2024 JUL 23 AM 8:50
TALLAHASSEE, FLORIDA

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 07/22, 2024

Signature of a member or authorized representative of a member

RUBIANE SOARES DE FREITAS
Typed or printed name of signee

Filing Fee: \$25.00