

L24 000167883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

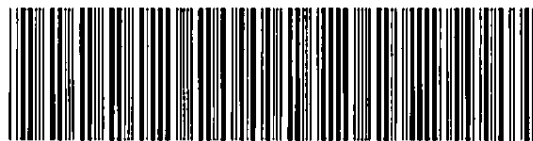
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TOLSON, MISSOURI

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LILU USA 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:

CASSIA DOSSANTOS

Name of Person

D.SPARK SERVICES LLC

Firm/Company

771 S. KIRKMAN RD / SUITE 106

Address

ORLANDO / FLORIDA / 32811

City/State and Zip Code

DSPARKBUSINESS@GMAIL.COM

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

For further information concerning this matter, please call:

CASSIA DOSSANTOS 407 669-2090

Name of Person at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
669-2090

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LILU USA 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 04/08/2024 and assigned
Florida document number L24000167883.

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)

2530 INDUSTRIAL BLVD

ORLANDO

FLORIDA 32804

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2530 INDUSTRIAL BLVD

ORLANDO

FLORIDA 32804

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:

D.SPARK SERVICES LLC

New Registered Office Address:

771 S. KIRKMAN RD SUITE 106

Enter Florida street address

ORLANDO

City

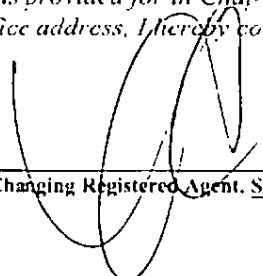
Florida 32811

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



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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>
MGR	LUCIANO DA SILVA RODIGHIER	3332 ROBERT TRENT JONES DR, APT 301	<input type="checkbox"/> Add
		ORLANDO, FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUCIANO DA SILVA RODIGHIER	3332 ROBERT TRENT JONES DR, APT 301	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LIVIA FERREIRA DE AZEVEDO	3332 ROBERT TRENT JONES DR, APT 301	<input type="checkbox"/> Add
		ORLANDO, FL 32835	<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

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

Correcting Title of MGR - LUCIANO DA SILVA RODIGHIERO To AMBR - LUCIANO DA SILVA ROE

Remove name of MGR - LIVIA FERREIRA DE AZEVEDO

E. Effective date, if other than the date of filing: 05/29/2024 (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 MAY, 29 2024

LUCIANO DA SILVA RODIGHIERO
Signature of a member or authorized representative of a member

LUCIANO DA SILVA RODIGHIERO
Typed or printed name of signer

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2024 MAY -5 PM 2:13
DEPT. OF STATE

Filing Fee: \$25.00