

7/22/24, 11:25 AM

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.

((11240002460153))



H240002460153ARCV

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 : (352)617-6383

From: Account Name : DOSSANTOS AND MACHADO, LLC
Account Number : 1201400000089
Phone : (754)301-2128
Fax Number : (954)252-4650

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@GFSTAXACCT.COM

SECRETARY OF STATE
JULIAN DOS SANTO
TALLAHASSEE, FLORIDA

2024 JUL 22 PM12:22

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTERFACE BUILDING DEVELOPMENT LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

M. SOLOMON

JUL 22 2024

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

((H24599246015.3))

TO: Registration Section
Division of Corporations

SUBJECT: INTERFACE BUILDING DEVELOPMENT 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.

GILVAM F DOS SANTOS
Name of Person
GFS TAX & ACCOUNTING SERVICES
Firm Company
11764 W SAMPLE RD - STE 102
Address
CORAL SPRINGS, FL 33065
City/State and Zip Code
INFO@GFS TAXACCT.COM
E-mail address: (to be used for future annual report notification)

FILED
2024 JUL 22 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call

GILVAM F DOS SANTOS 954 957 3244
Name of Person at () 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
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**

((F-24000246015-3))

INTERFACE BUILDING DEVELOPMENT 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 04/15/2024 and assigned
Florida document number 124000171534.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2024 JUL 22 PM 12:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

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:

((H24000246015 3))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PRISCILLA L DOMINGUES	1043 EAGLECREST DR	☒ Add
		OAKLAND, FL 34787	☐ Remove
			☐ Change
MBR	CENTRAL PARK NY INV LTD	1100 ABERNATHY RD NE 500	☒ Add
		NORTHPARK STE 300	☐ Remove
		ATLANTA, GA 30328	☐ Change
MBR	MLR REAL ESTATE INV, LLC	11764 W SAMPLE RD STE 102	☒ Add
		CORAL SPRINGS, FL 33065	☐ Remove
			☐ Change
MBR	FELIPE M DE CARVALHO	8777 NW 47TH DR	☒ Add
		CORAL SPRINGS, FL 33067	☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2024 JUL 22 PM 12:22
SECRETARY OF STATE
JULIANE PASSOS FLORES

FILED

