121100 213121

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer |
| |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | | | |
|--|--|---|---|-----------------|----|
| RIGONAT | OLLC | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | CRISTIANE VENTURA | | | | |
| | **** | Name of Person | | | |
| | EXCELLENCE VIRTUA | L ADMINISTRATIVE SERVICES | LLC | | |
| | | Firm/Company | | | |
| | 2121 S HIAWASSE RD S | SUITE 116 OFFICE 107 | | - , : | |
| | | Address | | •- | |
| | ORLANDO,FL 32835 | | | E0 . | |
| | | City/State and Zip Code | | | |
| | admin@excellenceservices. | | · · · · · · · · · · · · · · · · · · · | | ٠. |
| | E-mail address: (| to be used for future annual report notifi | ication) | 9 | |
| For further information of | concerning this matter, please c | all: | | | |
| Cristiane Ventura | | 321 419-6041 | | _ | |
| Name o | 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) | S60.00 Filing F Certificate of S Certified Copy (additional copy is | Status & | |

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

| RIGONATO LLC | | |
|---|--|-------|
| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on our records.) d Liability Company) | |
| The Articles of Organization for this Limited Liability Compa- Florida document number | ny were filed on $\frac{05/09/2024}{}$ and ass | igned |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| he new name must be distinguishable and contain the words "Limited Lin | | L.C." |
| Enter new principal offices address, if applicable: | : | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | Nex | |
| | | , i., |
| Enter new mailing address, if applicable: | ∵ | |
| (Mailing address MAY BE A POST OFFICE BOX) | ri o | |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, <u>enter the name of the ne</u> | w reg |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Florido | |
| | , Florida | |

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> | Address | Type of Action |
|--------------|-------------------------------|------------------------|--------------------------|
| AMBR | Daniel L. de Albuquerque Maia | 13988 ALDFORD DR | ≣ Add |
| | | WINTER GARDEN,FL 34787 | □Remove |
| | | | □ Change |
| | | | 🗆 Add |
| | | | □Remove |
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| filing date | (optional) | | |
| an effective date is listed, the date must be specific and cannot be prior to date of filing o ote: If the date inserted in this block does not meet the applicable statutory fi | r more than 90 days after filing. |) Pursuant | to 605.020 be listed a |
| ocument's effective date on the Department of State's records. | B 14" | | |
| annound amonificate a distance of afficient data that makes a Constitution of 12.01 | n and E GAN M | 001.1 | |
| ecord specifies a delayed effective date, but not an effective time, at 12:01 a.i is filed. | m. on the earlier of; (b) In | ie yuth da | y after the |
| August 16th 2024 | | | |
| August 16th 2024 | | | |
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| Gall A. | | | |