

L24000264878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

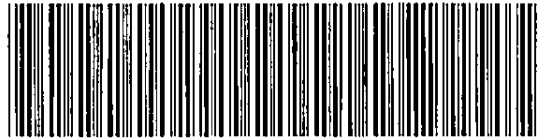
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Previously mailed in
Do not file - customer
wants Refund

Wmills

Office Use Only



000428909050

08/21/24--01001--010 **00.00

RECEIVED

2024 AUG 21 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 to 13 12/12/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MOREIRA NEW CONSTRUCTION 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:

Lazaro Moreira Rodriguez

Name of Person

MOREIRA NEW CONSTRUCTION LLC

Firm/Company

12707 WORCHESTER AVE

Address

Tampa, Florida 33624

City/State and Zip Code

lazaroni93@gmail.com

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

For further information concerning this matter, please call:

Lazaro Moreira Rodriguez

786 907-8848
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
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**

MOREIRA NEW CONSTRUCTION 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 06/11/2024 and assigned
Florida document number L24000264828.

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)

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	YUNIER VELAZQUEZ DIAZ		<input type="checkbox"/> Add
		12707 WORCHESTER AVE TAMPA, FL 33624	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lazaro Moirera Rodriguez		<input type="checkbox"/> Add
		12601 WOOD IBIS WAY TAMPA, FL 33624	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lazaro Moreira Rodriguez	12601 WOOD IBIS WAY TAMPA, FL 33624	<input checked="" 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
			<input type="checkbox"/> Change

Adding a Federal Employer Identification Number (FEIN) : 99-3557221

(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)

Dated 08/21, 2024

LAZARO MOREIRA RODRIGUEZ
Typed or printed name of signee