

L2400022660170817
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SA FINANCE & ACCOUNTING INC.
Account Number : I20190000111
Phone : (407)800-7028
Fax Number : (407)992-9407

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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2024 JUL -2 PM 12:24

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

2 AM 10:08

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FORNASARO E TREINAMENTO LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORNASARO E TREINAMENTO 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 C Sousa Neiva
Name of Person
SA Finance & Accounting Inc
Firm/Company
5728 Major Blvd Ste 307
Address
Orlando Florida 32819
City/State and Zip Code
Licenses@safinacc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria C Sousa at (407) 5007028
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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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

FORNASARO E TREINAMENTO 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 06/13/2024 and assigned on Florida document number L24000270817

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Fortunato America LLC

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

City

Florida

Zip Code

FILED
JUN 13 2024
AM 10:08
②

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>
MGRM	KASPROWICZ, JAIR	RUA JOSE IZIDORO BIAZETTO, 1210 SALA 103	<input type="checkbox"/> Add
		CURITIBA, PR 81200 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Maria Carolina de Aguiar Passos Fornasaro	RUA JOSE IZIDORO BIAZETTO, 1210 SALA 103	<input checked="" type="checkbox"/> Add
		CURITIBA, PR 81200 BR	<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

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

Multiple horizontal lines for amending information.

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 June 27, 2024

JULIANO FONTES
FORNASARO.02234729998

Assinado de forma digital por
JULIANO FONTES
FORNASARO.02234729998
Data: 2024.06.27 11:15:27 -0100

Signature of a member or authorized representative of a member

JULIANO FONTES FORNASARO

Typed or printed name of signee