

L24000 279 142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

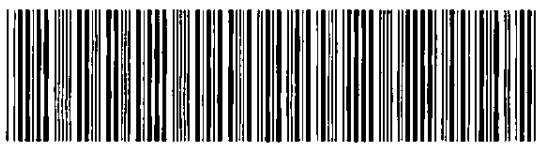
(Business Entity Name)

(Document Number)

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2024 AUG 12 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FL

2024 AUG 12 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FL

PM 2:46

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VISTA HOMES 10 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:

MARCOS REZENDE

Name of Person

CSG - CAPITAL SERVICES GROUP, INC.

Firm/Company

1191 E NEWPORT CENTER DR #103

Address

DEERFIELD BEACH - FL 33442

City/State and Zip Code

csg@thewaygroup.biz

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

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TALLAHASSEE, FL

For further information concerning this matter, please call:

MARCOS

954 427-4770

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**

VISTA HOMES 10 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 06/19/2024 and assigned Florida document number L24000279142.

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)

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SECRETARY
TA

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>
AMBR	EJKW AMERICAS, LLC	3288 HUNTINGTON	<input type="checkbox"/> Add
		WESTON, FL 33332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MS2D LLC	3288 HUNTINGTON	<input type="checkbox"/> Add
		WESTON, FL 33332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Getulio dos Santos Neto	RUA RODRIGUES FLORES MENDES 64	<input checked="" type="checkbox"/> Add
		BAIRRO SAO JOSE - MG, BRAZIL 35660-143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Romelia Diniz Rola	RUA ANDRADE FURTADO, 1133 APT 1001	<input checked="" type="checkbox"/> Add
		FORTALEZA - CE, BRAZIL 60192-072	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Isac Macedo	4402 CALDERA CIR	<input checked="" type="checkbox"/> Add
		NAPLES - FL 34119	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lucas Zenobio Cruz	3447 CAVISTON WAY	<input checked="" type="checkbox"/> Add
		MELBOURNE - FL 32940	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF REVENUE
 TALLAHASSEE, FL
 2008 AUG 22 PM 2:48

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>
AMBR	Rodrigo dos Santos Fortes	R. MARIA TOMASIA. 1261 APT 2001	<input checked="" type="checkbox"/> Add
		FORTALEZA, CE - BRAZIL. 60150-170	<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
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SECRETARY GENERAL
 TALLAHASSEE, FL
 2021 JUN 12 PM 1:46

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

Lined area for amending information.

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SECRETARY OF STATE
TALLAHASSEE, FL

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 August 2nd, 2024

Bruno Faustino Franca

Signature of a member or authorized representative of a member

BRUNO FAUSTINO FRANCA - Authorized Representative

Typed or printed name of signer