

12/16/24, 10:34 PM

Division of Corporations

L24000286366

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.

((H24000411704 3)))



H2400041170434BCX

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 : (850)617-6383

From: Account Name : ALL7 SERVICE LLC
Account Number : I20240000077
Phone : (407)970-8143
Fax Number : (689)218-0977

2024 DEC 16 PM 4:42
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
FILED

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

Email Address: _____

RECEIVED

2024 DEC 16 AM 8:26

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RC1 PROPERTIES USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

DEC 17 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2024 DEC 16 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RC1 PROPERTIES USA 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 06/25/2024 and assigned Florida document number L24000286366.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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	MENDES CAETANO, ROGERIO		<input type="checkbox"/> Add
		ALAMEDA SANTOS, 211 - VILA MARIANA SAO I	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PIRES BOCHICHI, REGIMARA		<input type="checkbox"/> Add
		ALAMEDA SANTOS, 211 - VILA MARIANA SAO I	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRU HORIZON 2024 LDTA	R ALAMEDA SANTOS 211 SL. 801, SAO PAULO, S	<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

2024 DEC 6 PM 4:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
FILED

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

WE ARE REMOVING PARTNERS ROGERIO CAETANO MENDES AND REGIMARA PIRES BOCHICHI
 BOTH WITH ADDRESSES ALAMEDA SANTOS, 211 - VILA MARIANA SAO PAULO, SP 01419-002 BR
 AND WE ARE ADDING SOCIO BRU 2024 LTDA AT THE ADDRESS: RUA ALAMEDA SANTOS 211
 SL 801, CERQUEIRA CESAR, SAO PAULO, SP 01419000 BRAZIL.

2024 DEC 16 PM 4:42
 FILED
 STATE OF FLORIDA
 WILLIAM M. SASSER, III
 CLERK OF THE CIRCUIT COURT

E. Effective date, if other than the date of filing: 12/14/2024 (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 ORLANDO, 14TH DECEMBER 2024

Rogério Mendes Caetano
 Signature of a member or authorized representative of a member

AMBR - ROGERIO MENDES CAETANO
 Typed or printed name of signee