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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: CLAUDIA LIMA TAX & ACCOUNTING LLC Account Name

Account Number : I20230000193 Phone

: (407)552-7903

Fax Number

: (407)449-2348

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

Email Address: INFO@CLAUDIALIMATAX.COM

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RG NETO ENTERPRISES LLC

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Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# **COVER LETTER**

TO: Registration Se Division of Cor				
01/16/15/07	ENTERPRISES LLC			
SUBJECT:Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CLAUDIA LIMA			
		Name of Person	<del></del>	
	CLAUDIA LIMA TAX &			
		Firm'Company	<del></del>	
	9100 CONROY WINDER	RMERE RD STE 200 OFFICE 241	**** **** ***	
		Address		
	WINDERMERE, FL 3478		High ex	
	INFO@CLAUDIALIMAT		fication) FL TAIL	
For further information c	E-mail address: ( oncerning this matter, please c	to be used for fitture annual report not	fication)	
CLAUDIA LIMA		407 5527903 at ()		
Name of Person		Area Code Daytim	e Telephone Number	
Enclosed is a check for th	te following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	11 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	71 \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S	Section	Street Address: Registration Sec		
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	•	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RG NETO ENTERPRISES LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company	y were filed on 07/29/2024	and assigned
Florida document number 1.24000334225		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "l	LLC" or the abbreviation "L. L.C."
Enter new principal offices address, if applicable:	· ·	- <del></del>
(Principal office address MUST BE A STREET ADDRESS)		·:
	<del></del>	<u> </u>
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		08 8
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new register
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.

FAX

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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	ROMEU GULLO NETO	RUA PASTRO FRANZ HENNING 280	
		ESTRELA, FJ 95880-000 BR	
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		<del>-</del> · · · <u> · · · · · · · · · · · </u>	Change
			□Remove
			□Change

Typed or printed name of signee