

L24000344209

(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:

Office Use Only



400435072154

08/20/24--01025--008 \*\*25.00

RECEIVED  
2024 AUG 20 AM 8:21  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED  
08/20/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MERCEARIA BRASILEIRA 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:

PATRICIA NUNES

Name of Person

TAX SOLUTIONS & BOOKKEEPING LLC

Firm/Company

7751 KINGSPONTE PKWY SUT 119

Address

ORLANDO, FL 32819

City/State and Zip Code

TAXES.SOLUTIONS100@GMAIL.COM

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

RECEIVED  
TALLAHASSEE, FL  
JAN 20 AM 8:21

For further information concerning this matter, please call:

PATRICIA NUNES

407

930-0829

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**

MERCEARIA BRASILEIRA 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 08/05/2024 and assigned  
Florida document number 124000344209.

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:**

1076 W.SR 436 SUTE 1150

**(Principal office address MUST BE A STREET ADDRESS)**

ALTAMONTE SPRINGS .FL 32714

**Enter new mailing address, if applicable:**

1076 W.SR 436 SUTE 1150

**(Mailing address MAY BE A POST OFFICE BOX)**

ALTAMONTE SPRINGS .FL 32714

**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:

ARMANDO M VANCINI JR

New Registered Office Address:

1076 W.SR 436 SUTE 1150

*Enter Florida street address*

ALTAMONTE SPRINGS

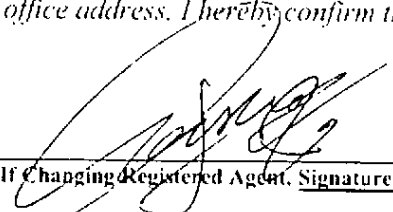
Florida 32714

*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>
_____	_____	_____	<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
_____	_____	_____	<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

RECEIVED  
JAN 20 2021  
HARRIS COUNTY  
CLERK OF COURTS  
HARRIS COUNTY, TEXAS

2004 JUN 20 AM 8:21  
U.S. DEPT OF STATE  
AMASSSEE, FL

2007 OFF STATE  
2007 OFF STATE  
2007 OFF STATE

(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)

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.

2024

Signature of a member or authorized representative of a member

ARMANDO M VANCINI JR

Typed or printed name of signee