

L24000308170364867

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)517-6383

From: Account Name : TAXPEOPLE LLC
Account Number : I20200000160
Phone : (772)460-1000
Fax Number : (772)777-3071

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TALLAHASSEE, FL

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CITA TECHNOLOGY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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M. SOLOMON

SEP 12 2024

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

CITA TECHNOLOGY, LLC

SUBJECT: _____
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:

CLAUDIO TOLEDO RIBEIRO

Name of Person

TAXPEOPLE, LLC

Firm/Company

2855 SW BRIGHTON ST

Address

PORT LUCIE, FL 34953

City/State and Zip Code

info@taxpeoplefl.com

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

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

Claudio Toledo Ribeiro at (772) 460.1000

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

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ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION OF

CITA TECHNOLOGY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

And assigned

The Articles of Organization for this Limited Liability Company were filed on 08/22/2024

Florida document number : **L24000364867**

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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.

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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

Title Name Address Type of Action

AMBR	NAME: LPC PARTICIPAÇÕES E INVESTIMENTOS S.A	RUA SERRA DE BOTUCATU NUMERO 878 SALA 1503 SAO PAULO - SP CEP 03317-000 BRAZIL	X	ADD REMOVE CHANGE
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AMBR	FIRST NAME: LUANA LAST NAME: DOS SANTOS BALIEIRO	2855 SW BRIGHTON ST. PORT ST. LUCIE, FL 34953	X	ADD REMOVE CHANGE
------	---	--	---	---------------------------------

MGR	FIRST NAME: EDUARDO LAST NAME: CITA DE ALMEIDA	2855 SW BRIGHTON ST. PORT ST. LUCIE, FL 34953	X	ADD REMOVE CHANGE
-----	---	--	---	---------------------------------

AMBR	FIRST NAME: SKEPSEIS EDITORA, LTDA	AV SAI JOAO, 822- SALA 11 SAO PAULO, SP 01036-100 BR	X	ADD REMOVE CHANGE
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AMBR	FIRST NAME: JEANDERSON LAST NAME: ROCHA	2855 SW BRIGHTON ST. PORT ST. LUCIE, FL 34953	X	ADD REMOVE CHANGE
------	--	--	---	---------------------------------

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

PLEASE ADD EIN# 99-4627551

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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 60S.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:
 (a) The date specified in the record.
 (b) The 90th day after the record is filed.

Dated September 10th, 2024

ASSIGNED DOC.
 Luana Dos Santos Balieiro
TYPE OF MEMBER
 Signature of a member or authorized representative of a member

LUANA DOS SANTOS BALIEIRO
 Typed or printed name of signer