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COVER LETTER

TO:

	Registration Section Division of Corporations		
SUBJECT:	EI DAS MATAS LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.		
Please return all co	prrespondence concerning this matter to the following:		
	OTAVIO ASSIS M EDWARD OLIVERA Name of Person		
	PEI DAS MATAS LLC		
	Firm/Company		
	3438 ORCHARD WALK PL		
	Address		
	JACKSONVILLE, FL - 32257 City/State and Zip Code		
	City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)		
	E-mail address: (to be used for future annual report notification)		
	ation concerning this matter, please call:		
OTAVIO	A U EDWARD OLIVEIRA at (415) GOG 4278 Name of Person Daytime Telephone Number		
	Name of Person Area Code Daytime Telephone Number		
Enclosed is a chec	k for the following amount:		
□ \$25.00 Filing	Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Division P.O. Bo	Registration Section n of Corporations Registration Section Division of Corporations		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEI DAS MAJAS	· LLC	
(Name of the Limited I (A I	Liability Company as it now appears on of Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L240004448</u>	lity Company were filed on 10/1373.	8/2024 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OF FICE BO	<u>X)</u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered office address h		ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sp	eat uddrass
	Enter Piorida su	EEL GUAT (233
-	City	, Florida 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 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	OTAVIO ASSIS M ÉDWARD OL	iverap	🗆 Add
		3438 ORCHARD WALK PL Jackconville FL 32252	□Remove
			AChange
			
			□Remove
			Change
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			Change
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			☐ Change

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 605.0 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 field. Dated Movembre 15th, 2024 Quantum.		
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