



Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

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

Email Address: ALAN@LARSONACC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TAVARES LAKE IDAMERE LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

J. HORNE
NOV 26 2024

H240003971833

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2024 NOV 25 PM 5:11
STATE

TAVARES LAKE IDAMERE 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 10/22/2024 and assigned
Florida document number L24000449923.

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:

(Principal office address MUST BE A STREET ADDRESS)

17231 MELOGOLD WAY

WINTER GARDEN, FL, 34787

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17231 MELOGOLD WAY

WINTER GARDEN, FL, 34787

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:

RICARDO LONGUINHO REGILIO DE SOUZA

New Registered Office Address:

17231 MELOGOLD WAY

Enter Florida street address

WINTER GARDEN

City

Florida 34787

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	FREITAS, JOAO CARLOS D, JR.	17534 LAKE STAR RD	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZURIQUE LLC	17231 MELOGOLD WAY	<input checked="" type="checkbox"/> Add
		WINTER GARDEN, FL 3478	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ADRIEL CARLOS MARTINS	CLEMENTE CASSIMIRO PUPPI, 123 APT0 804	<input checked="" type="checkbox"/> Add
		CURITIBA - PR 80320390 - BRAZIL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JCT CAPITAL LLC	30 N GOULD ST STE R	<input checked="" type="checkbox"/> Add
		SHERIDAN, WY 82801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PORTO INVEST LLC	801 BRICKELL AVENUE, 8TH FLOOR	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAOUD NASSER	AV TIRADENTES, 968 - APT 2501	<input checked="" type="checkbox"/> Add
		MARINGA - PR, 87013260 - BRAZIL	<input type="checkbox"/> Remove
			<input type="checkbox"/> 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ANALIA DA ROSA NASSER	AV TIRADENTES, 968 - APT 2501	<input checked="" type="checkbox"/> Add
		MARINGA - PR, 87013260 - BRAZIL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KASSILA DA ROSA NASSER SA	AV TIRADENTES, 968 - APT 2101	<input checked="" type="checkbox"/> Add
		MARINGA - PR, 87013260 - BRAZIL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALINE DA ROSA NASSER	RUA NEO ALVES MARTINS, 1582 - APT 2902	<input checked="" type="checkbox"/> Add
		MARINGA - PR, 87013060 - BRAZIL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IBRAHIM CHAMMA FARES	RUA JOAQUIM NABUCO, 89 - APT 113	<input checked="" type="checkbox"/> Add
		MARINGA - PR, 87014100 - BRAZIL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EUGENIO ODILON RIBEIRO	RUA NAÇÕES UNIDAS, 215	<input checked="" type="checkbox"/> Add
		PIMENTA BUENO - RO, 76970000 - BRAZIL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EUFLAVIO ODILON RIBEIRO	RUA NAÇÕES UNIDAS, 251	<input checked="" type="checkbox"/> Add
		PIMENTA BUENO - RO, 76970000 - BRAZIL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ADD COMPANY EIN: 33-1586338

[illegible]

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 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 25 NOVEMBER, 2024



Signature of a member or authorized representative of a member

RICARDO LONGUINHO REGILIO DE SOUZA

Typed or printed name of signee