P23000079416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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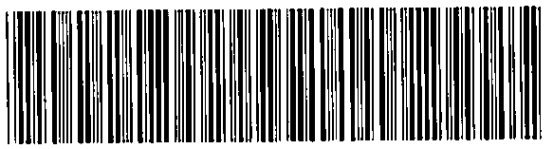

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

S. PLANT

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: $30.00
Authorization Signature :_____
Goodbuy Consignment, Corp P23000079446
BUSINESS (Name) Document #.

___ Walk in

___ Mail out

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____**Certified Copy**

__X__ **Certificate of Status**

___ Pick up time_____

____ Will wait

NEW FILINGS

____Profit
____Not for Profit
____Limited Liability
____Domestication
____CORP
____ LLLP
____ INC

AMMENDMENTS

_X_ Amendment
____Resignation of Officer/Director
___Change of Registered Agent
___Dissolution/Withdrawal
____Merger

____Conversion

OTHER FILINGS

____Annual Report

___Fictitious Name

_____ APOSTIL ( ) _____
Country

REGISTERATION/QUALIFICATIONS

___ Foreign Filing
____Limited Partnership
___ Dissolution/_Reinstatement/Revocation
____Trademark
____STATEMENT OF SUTHORITY

EXAMINER'S INITIALS:_____

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Goodbuy CONSIGNMENT, CORP
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:

MARIA MADALENA CALDAS-LOPES
Name of Person

MADE IN BRAZIL SERVICES
Firm/Company

2950 WINKLER AVENUE SUITE 501
Address

FORT MYERS, FL 33916
City/State and Zip Code

MADEINBRAZILSERVICES@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA MADALENA CALDAS-LOPES at (239) 810-6079
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

$75 + 30 =

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Goodbuy Consignment, Corp
(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 11/09/2023 and assigned Florida document number P23000079446.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sabor Carioca, Corp.
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: N/A
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A
(Mailing address MAY BE A POST OFFICE BOX)

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: Made in Brazil Services

*New Registered Office Address: 2950 Winkler Avenue Suite 501
Enter Florida street address

Fort Myers, Florida 33916
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

Title	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☑Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

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

N/A

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 06 / 14 / 2024

Matheus DA Silva

Signature of a member or authorized representative of a member

MATHEUS FELIPE ESTEVÃO DA SILVA

Typed or printed name of signee