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Name Change

COVER LETTER

Division of Co	rporations			
	RVESTMENTS FLORIDA LLO			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Arturo Sousa			
	-	Name of Person		
	.	Firm/Company		
	3444 laurel Dale Dr			
		Address		
	Tampa, Florida,33618			
		City/State and Zip Code		
	arturosousa@hotmail.com			-I.
	E-mail address: (to be used for future annual report notific:	ntion)	6
For further information	concerning this matter, please ca	all:		10 PD 1 TS
Arturo Sousa		813 846-7730 at ()		
Name	of Person	Area Code Daytime T	elephone Number	D SIAIE
Enclosed is a check for	the following amount:			is
■ \$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 Sta Certified Copy (additional copy is e	atus &

MAILING ADDRESS: Registration Section

TO:

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUSA INVESTMENTS FLORIDA LLC (A Florida 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 $\frac{05/07/2019}{1}$ and assigned Florida document number L19000123516 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Medals Tampa Limited Liability Company The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Type of Action
			Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b	lock does not meet the ap	plicable statutory filing	(optional) ore than 90 days after filing.) I prequirements, this date w	Pursuant to 605,0207 ill not be listed as
document's effective date on the I	bepartment of State's reco	oras.		
ne record specifies a delaye The 90th day after the rec		not an effective t	ime, at 12:01 a.m. o	n the earlier of
Dated september 24	2019			
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee