1/8/25, 4:45 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068 Phone : (407)326-8484 Fax Number : (407)604-6519

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

Email Address: contact@medeirossouza.com

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MUSASHI LOUNGE LLC

Certificate of Status	0
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Page Count	01
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Help

TO:

Registration Section

#### From: RUBEM SOUZA

## **COVER LETTER**

Division of Cor	rporations		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	Rubem Souza		
		Name of Person	
	Medeiros Souza corp		
		Finn/Company	
	Name of Person  Medeiros Souza corp  Firm/Company  1711 Amazing Way, Stc 213  Address  Ococe, FL 34761  City/State and Zip Code  contact@medeirossouza.com  E-mail address: (to be used for future annual report notification)  orther information concerning this matter, please call:  m Souza  at ( ) 326 - 8484  Name of Person   Area Code   Daytime Telephone Number		
	Ococe, FL 34761		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	oncorning this matter, please o	all:	
Rubem Souza		407 326 - 8484	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration !	Section Corporations	Registration Se	porations
Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUSASHI LOUNGE LLC			
(Name of the Limit	ed Liability Company as it (A Florida Limited Liability)	now appears on our records.) Company)	<del></del>
The Articles of Organization for this Limited Li Florida document number L19000200152	ability Company were fi	iled on 08/06/2019	_ and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability co.	mpany here:	
The new name must be distinguishable and contain the we Enter new principal offices address, if application of the distinguishable and contain the we (Principal office address MUST BE A STREE	able:	pany," the designation "LLC" or the abbre	viation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	BOX)	: - : -	2075 J.M.
B. If amending the registered agent and/or ragent and/or the new registered office address	• -	s on our records, enter the name o	င္တာ ြ f the new registered မာ့
Name of New Registered Agent:	MEDEIROS SOUZA (	CORP	
New Registered Office Address:	1711 Amazing Way, St		<del></del>
	6.	Enter Florida street address	
	Ocoee Crn	, Florida <sup>34761</sup>	Zip Code
	City	,	nip come

#### 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

From: RUBEM SOUZA

# 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

Page: 6 of 7

<u>Title</u>	Name	Address	Type of Action
MGR	Roberta Cabocio	7065 WESTPOINTE BLVD UNIT 100	≣Ađd
		ORLANDO, FL 32835	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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e record specifies a delayed effective rd is filed.	edate, but not an effective t	time, at 12:01 a.m. on th	ne earlier of: (b) The 90th	n day after the
	01/08/202	25		
Dated Orlando				
Dated	Signature of a member or auth	norized representative of a	member	

Filing Fee: \$25.00