Florida Department of State

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To:	Division of Corporations Fax Number : (850)617-6383	ED
From:	Account Name : MEDEIROS SOUZA CORP Account Number : I20190000068 Phone : (407)326-8484 Fax Number : (407)604-6519	43

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 MARQUES LOMEU SERVICES LLC

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COVER LETTER

TO: Registration S Division of Co		
MARQUE	ES LOMEU SERVICES LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	Rubem Souza	
	Name of Person	
	Medeiros Souza corp	
	Firm Company	
	845 N GARLAND AVE. STE 100	
	Address	
	ORLANDO, FL 32801	
	City/State and Zip Code	
	Contact@medeirossouza.com E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
Rubem Souza	407 326 - 8484 at ()	
Name	at ()	_
Enclosed is a check for	the following amount:	
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fe Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status &

MailingAddress: Registration Section Division of Corporations P.O. Box 6327 StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARQUES LOMEU SERVICES LLC		
(<u>Name of the Limited Liability Com</u> r (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on 12/10/2021	andassigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	 	
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 t	TALLAHASSEE, France
agent and/or the new registered office address here:		6
Name of New Registered Agent:		<i>"</i>
N 0 1 100 - 11		
New Registered Office Address:	Enter Florida street address	
	Flor	ida
	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 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>	Name	Address	Type of Action
MGR	Leandro O Toledo	845 N Garland Ave STE 100 ORLANDO FL 32801	≣ Add
			□Remove
		 	□ Change
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e record specifies a delayed effecti rd is filed	ve date, but not an effe	ective time, at 12	Olam on the ear	lier of (b). The 90th	day after the
Dated Orlando	09/1	5/2022			

2022-09-15 13:04.39 GMT

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From: RUBEM SOUZA

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To: