Florida Department

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.

(((H23000163915 3)))



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Ta:

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 TE & RE GLOBAL INVESTMENTS LLC

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 1) |
| Page Count | 01 |
| Estimated Charge | \$30.00 |

Electronic Filing Menu — Corporate Filing Menu

Help

Registration Section

Tallahassee, FL 32314

TO:

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

From: RUBEM SOUZA

COVER LETTER

| Division of Cor | porations | | |
|------------------------------|---------------------------------------|---|--|
| TE & RE G | GLOBAL INVESTMENTS LL | C | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Rubem Souza | | |
| | | Name of Person | |
| | Medeiros Souza corp | | |
| | | Firm/Company | |
| | 1711 Amazing Way, Ste 2 | 13 | |
| | | Address | |
| | Ococe, FL 34761 | | |
| | · · · · · · · · · · · · · · · · · · · | City/State and Zip Code | |
| | contact@inedeirossouza.co | | |
| | | to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please c | all: | |
| Rubem Souza | | 407 326 - 8484 | |
| Name o | f Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ☐ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & | ☐ \$55,00 Filing Fee & | ☐ \$60.00 Filing Fee. |
| © 525.00 rinag ree | Certificate of Status | | Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |
| MailingAddres Registration 5 | | <u>StreetAddress:</u> Registration Sec | ction |
| Division of C | | Division of Cor | |
| P.O. Base 632 | · · | The Centre of I | Callahassee |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TE & RE GLOBAL INVESTMENT | IS ELC | | | | |
|--|--|--|--|---------------|----------|
| (Name of the Limit | ed Liability Compar (A Florida Limited Li | y as it now appears on our re- ability Company) | rords.) | | |
| The Articles of Organization for this Limited Li | ability Company v | were filed on <u>04/04/2023</u> | a | nd assigned | |
| Florida document number1.23000154298 | · | | | | |
| This amendment is submitted to amend the following | owing: | | | | |
| A. If amending name, enter the new name of | the limited liabi | lity company here: | | | |
| ASEC Investments, LLC | | | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabili | ty Company," the designation "I | .LC" or the abbrevia | tion "L.L.C." | |
| Enter new principal offices address, if applic | able: | | | | |
| (Principal office address MUST BE A STREE | T.ADDRESS) | | | | |
| | | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | | | |
| | | | | | |
| | | | | | |
| B. If amending the registered agent and/or r | egistered office a | ddress on our records, en | ter the name of t | he new regi | istered |
| agent and/or the new registered office addres | • | <u></u> | | - | |
| | | | | 2023 MA | |
| Name of New Registered Agent: | Medeiros Souza | Corp | ٠. | 1A Y | |
| same or real typicates regin. | | | | -2 | <u> </u> |
| New Registered Office Address: | 1711 Amazing V | _ . | , | | <u></u> |
| | | Enter Florida strevt ad | gress | J. | |
| | Ococc | | Florida <u>34761 </u> | | |
| | | City | Ziţ | Gode# | |

New Registered Agent's Signature, if changing Registered Agent:

To:

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. Thereby confirm that the limited liability company has been notified in writing of this change.

To: Page, 6 of 7 2023-05-02 17:44:05 GMT 14076046519 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:

| or removed from our records: | | |
|---|--|--|
| MGR = Manager AMBR = Authorized Member | | |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
| | | | □Add |
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From: RUBEM SOUZA

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| E. Effective date. | if other than the date | of filing: | | (optional) 0 days after filing.) Pursuant to 605.0207 (3 |
| Note: If the date | is listed, the date must be spe e inserted in this block do | ecific and cannot be prior to ses not meet the applica | o dale of filing or more than 9 ble statutory filing require | o days after filing.) Pursuant to 605,0207 (5 ments, this date will not be listed as th |
| document's effe | ctive date on the Departm | nent of State's records. | | |
| | | | | |
| fithe record specific ecord is filed | s a delayed effective date, | , but not an effective tin | ne, at 12 01 a m. on the ea | rlier of (b). The 90th day after the |
| Dated Orlando | | 05/02/2023 | | |
| Dated | | | <u> </u> | |
| , | | | | |
| ' | No. | | ized representative of a men | |

Typed or printed name of signee