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COVER LETTER

TO: Registration Division of C						
	ND SONS MULTSERVICES LL	.C				
SUBJECT:Name of Limited Liability Company						
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corre	spondence concerning this matter	to the following:				
	LEONARDO FIGUEIRE	DO				
	Name of Person					
SOLUTION ADVISING LLC						
		Firm/Company				
	5728 MAJOR BLVD - ST	5728 MAJOR BLVD - STE 609				
	Address					
	ORLANDO, FL 32819					
	City/State and Zip Code					
	SERVICES@SOLUTIONA		▼			
		to be used for future annual report notif	teation)			
For further information	n concerning this matter, please c	all:				
LEONARDO FIGUE	RED	407 286-5595				
Nam	e of Person	at () Area Code Daytime	· Telephone Number			
Enclosed is a check fo	r 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/COURIER ADDRESS:

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

DocuSign Envelope ID: 50E114BE-C2E2-4560-89F3-DC66EF023898 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



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MON AND SONS MULTSERVICES LLC

(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 Con		
	ipany were filed on $\frac{03/31/2023}{}$	and assigned
Florida document number L23000162647		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
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:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or register	ad office address on our records	onter the name of the n
registered agent and/or the new registered office addres		cinci die name m die n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-	Enter Florida street addres	•
<u> </u>		
	, Flo	oridaZip Code
	, Flo	
New Registered Agent's Signature, if changing Registered A lineraby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered occompany has been notified in writing of this change.	. Flo City gent: Lagree to act in this capacity. I fin plete performance of my duties, an u as provided for in Chapter 605, I	orida Zip Code wither agree to comply with t d I am familiar with and F.S. Or, if this document is
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com- accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of	. Flo City gent: Lagree to act in this capacity. I fin plete performance of my duties, an u as provided for in Chapter 605, I	oridaZip Code Zip Code ther agree to comply with t d I am familiar with and F.S. Or, if this document is
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	. Flo City gent: Lagree to act in this capacity. I fin plete performance of my duties, an u as provided for in Chapter 605, I	Tip Code Zip Code Ther agree to comply with the defendant and F.S. Or, if this document is at the limited liability

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Transcruding Authorized rerson(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>	Address	Type of Action
AMBR	GABRIEL WAQUIM DE SOUZA MIRANDA	6560 SANDLAKE SOUND ROAE	
		APT 6213, ORLANDO, FL 32819	■ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Remove
			Change
			Remove
			□ Change
			🗆 Add
			Remove
			Change
			Remove
			☐ Change

- I	VERYTHING ELSE STAYS THE SAME IN THE COMPANY
•	
-	Company's name was priorly requested on another amendment.
_	amendment.
-	
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-	
(If an eff <u>Note:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	MAY. 11 2023
	Docusigned by:
	Signature of a member of authorized representative of a member
	MATEUS WAQUIM DE SOUZA MIRANDA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00