4/22/24, 10:45 AM



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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

GN ||:00

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 3F FAST SERVICE SOLUTIONS LLC

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To: , Page: 4 of 7 2024-04-22 14:50:10 GMT 14076046519 From: RUBEM SOUZA

## **COVER LETTER**

TO:

Registration Section

Division of Car	porations		
3F FAST S	ERVICE SOLUTIONS LLC		
SUBJECT:		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		
	<del></del>	Name of Person	
	Medeiros Souza corp		
	<del> </del>	Firm/Company	
	1711 Amazing Way, Ste 2	13	
		Address	
	Ococe, FL 34761		
		City/State and Zip Code	
	contact@medeirossouza.co		
		to be used for future annual report not	ilication)
For further information c	oncerning this matter, please c	all:	
Rubem Souza		407 326 - 8484 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$35,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy fadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration (		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Tallahassee ne Street, Suite 810

Tallahassee, FL 32303

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2024-04-22 14:50:10 GMT

3F FAST SERVICE SOLUTION		
(Name of the Lin	ited Liability Company as it new a (A Florida Limited Liability Compi	overis on our records.)
The Articles of Organization for this Limited	Liability Company were filed or	n <u>09/01/2023</u> and assigned
Florida document number 1.23000410935	<del></del> .	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compar	ny 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 appl	icable:	<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)	
	<del></del>	10
		그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE	<u> </u>	
	<del></del>	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on o ess here:	ur records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	MEDEIROS SOUZA CORP	
New Registered Office Address:	1711 Amazing Way, Ste 213	-
	Enter	r Florida street address
	Ococc	, Florida _ <sup>34761</sup>
	City	Zip Code

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

Title	<u>Name</u>	Address	Type of Action
AMBR	HAPPY SIGHT CORP	3759 SPEAR POINT DR	<b>=</b> Add
		ORLANDO, FL 32837	
		<del> </del>	CIChange
			□∧dd
			□Remove
			□Change
			UAdd
			□Remove
			☐Change
			DAdd
			□Remove
			Change
			LRemove
			□Change
<del></del>			□Add
			□Remove

amending any other informa	ntion, enter change(s) here: (Attach oa	lditional sheets, if necessary.)	
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n effective date, it office that the n effective date is fisted, the date map te: If the date inserted in this bl cument's effective date on the D	date of filing:  st be specific and cannot be prior to date of filing ock does not meet the applicable statutory epartment of State's records.	or more than 90 days after filing ) Purs filing requirements, this date will r	uant to 605,0207 (3)(b) not be listed as the
ecord specifies a delayed effectiv is filed.	re date, but not an effective time, at 12:01 a	.m. on the earlier of: (h) The 900	n day after the

2024-04-22 14:50:10 GMT

14076046519

Page: 7 of 7

Rubem Souza

Τo.

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee