

8/1/24, 11:41 AM

Division of Corporations

Florida Department of State
 Division of Corporations
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L23000512162

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : MEDEIROS SOUZA CORP
 Account Number : 120190000068
 Phone : (407)326-8484
 Fax Number : (407)604-6519

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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@medeirosouza.com

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DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN
MAP2 ENTERPRISE LLC

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M. SOLOMON

AUG - 1 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAP2 ENTERPRISE 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 Company were filed on 11/14/2023 and assigned Florida document number L23000512162

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MEDeiros SOUZA CORP

New Registered Office Address: 1711 Amazing Way, Ste 213 Enter Florida street address

City State Zip/Cade: , Florida 34761

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HUGO FRANCA MAXIMO DE ALENCAR	1711 AMAZING WAY STE 213	<input type="checkbox"/> Add
		OCOOE, FL 34761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 ASSISTANT SECRETARY
 OF FLORIDA

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