

L24000412429

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H25000207675 3)))



H2500020767534BC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : MEDEIROS SOUZA CORP
Account Number : T20190000068
Phone : (407)326-8484
Fax Number : (407)604-6519

FILED
2025 JUN 10 AM 12:54
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@medeirossouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANYSGOD LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

FILED

2025 JUN 10 PM 1:55

STATE
DIVISION OF
CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUN 11 2025

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANYSGOD LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rubem Souza

Name of Person

Medeiros Souza corp

Firm/Company

1711 Amazing Way, Ste 213

Address

Ocoee, FL 34761

City/State and Zip Code

contact@medeirosouza.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 of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

ANYSOGOD LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2025 JUN 10 AM 12:54
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/30/2024 and assigned Florida document number 1.24000422429.

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 "LLC."

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 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

OCCOEE

City

Florida 34761

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 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>
MGRM	ANA CRISTINA ALVES DE F FORTES	RUA OLINDA ELIS 536, CASA 50	☐ Add
		RIO DE JANEIRO, RJ 23045-160 BR	☒ Remove
			☐ Change
MGR	MARIO JOSE RODRIGUES GONÇALVES	RUA OLINDA ELIS 536, CASA 50	☒ Add
		RIO DE JANEIRO, RJ 23045-160 BR	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2025 JUN 10 AM 12:54
STATE OF FLORIDA
TALLAHASSEE
FILED

