6/23/25, 1.09 PM Division of Corporations

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īn:

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 TREVO RIO INVESTMENT, LLC

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| Certified Copy | 0 |
| Page Count | 01 |
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K. SALY

JUN 2 4 2025

COVER LETTER

| | stration Se sion of Cor | | | |
|-----------------|--|--|--|--|
| | | O INVESTMENT, LLC | | |
| SUBJECT: _ | | Name of Lim | ited Liability Company | |
| The enclosed . | Articles of | Amendment and fee(s) are sub- | mined for filing. | |
| Please return a | all correspo | ndence concerning this matter | to the following: | |
| | | Rubem Souza | | |
| | | | Same of Person | |
| | | Medeiros Souza corp | | |
| | | | Firm Company | |
| | | 1711 Amazing Way, Ste 2 | 13 | |
| | | | Address | |
| | | Ococe, FL 34761 | | |
| | | | City/State and Zip Code | |
| | | contact@medeirossouza.cor | n o be used for future annual report o | vontication) |
| For further inf | ormation c | oncerning this matter, please or | · | |
| Rubem Souza | | | 407 326 - 848 | |
| | Same of | Person | Area Code Days | time Telephone Number |
| Enclosed is a | check for th | e following amount: | | |
| ■ \$25,00 Fil | ling Fee | ☐ \$30,00 Filing Fee & Certificate of Status | ☐ 555.00 Filing Fee & Certified Copy radditional copy is enclosed) | ☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed |
| Regi | ing Addres istration S sion of C | <u>s:</u> Section orporations | Street Address: Registration 9 Division of C | Section |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To: Page: 5 of 7

2025-06-23 17:14 03 GMT

14076046519

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE COMING PH 2:55

TREVORIO INVESTMENT, 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 L | Jability Company | were filed on $\frac{0472}{1}$ | 8/2025 and assigned | |
|---|---|------------------------------------|--|--|
| Florida document number 1.25000188511 | | | | |
| This amendment is submitted to amend the following | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liab | ility company her | <u>c</u> : | |
| The new name must be distinguishable and contain the v | words "Limited Liabil | ity Company," the de- | ignation "L.I.C" or the abbreviation "L.IC." | |
| Enter new principal offices address, if applie | cable: | 44936 GUAVA 1 | BAY DR | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | WINTER GARDEN, FL 34787 | | |
| | | - | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 14936 GUAVA BAY DR | | |
| | | WINTER GARDEN, FL 34787 | | |
| agent and/or the new registered office addre | ess here: MEDEIROS SO | OUZA CORP | | |
| | 1711 Amazing | Way, Ste 213 | ····- | |
| New Registered Office Address: | Enter Florida street address | | | |
| | Ocoee | | , Florida <u>[3476]</u> Zip Code | |
| | | City | Zap Code | |
| New Registered Agent's Signature, if changing | Registered Agent: | | | |
| I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this | ver and complete istored agent as p registered office | performance of noroyided for in Cl | y duties, and I am familiar with and apter 605, F.S. Or, if this document is | |
| | | | · | |
| | If Chan | iging Registered Ager | t. Signature of New Registered Agent | |

To: . Page 6 of 7 2025-06-23 17 14 03 GMT 14076046519 From RUBEM SO

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------------------------|--------------------------|----------------|
| AMBR | Alexande Santos De Souza | 1711 AMAZING WAY STE 213 | □ Add |
| | | OCOEE, FL 34761 | Remove |
| | | | □□□□□Change |
| AMBR | Fabiane Siqueira Ferreira de Souza | 14936 GUAVA BAY DR | □Add |
| | | WINTER GARDEN FL 34787 | □Remove |
| | | | |
| AMBR | Alexandre Santos De Souza | 14936 GUAVA BAY DR | |
| | | WINTER GARDEN, FL 34787 | □ Remove |
| | | | □Change |
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| ote: If the date inserted in thi | the date of filing: must be specific and cannot be prior is block does not meet the applic the Department of State's records. | able statutory filing requi | (optional) 90 days after (iling.) Pursuant rements, this date will not b | to 605.026 be listed as |
| record specifies a delayed effer is filed. | ective date, but not an effective ti | ime, at 12,01 a,m, on the o | rarlier of: (b) The 90th da | y after the |
| Orlando ated | . 06/23/202 | 5 | | |
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Filing Fee: \$25.00

Typed or printed name of signee