

L07000119534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

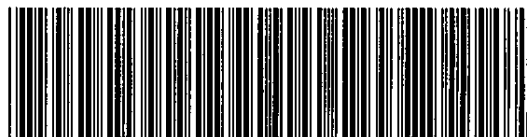
(Business Entity Name)

(Document Number)

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02/23/09--01006--013 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 10 AM 8:39

T. HAMPTON
MAR 11 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Tour Brazil, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Corey A.C. David De Souza

(Name of Person)

Tour Brazil, LLC

(Firm/Company)

3020 Oceanside Blvd #88

(Address)

Oceanside, CA 92054

(City/State and Zip Code)

For further information concerning this matter, please call:

Corey Souza

(Name of Person)

at (352) 316-0682

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 MAR 10 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 24, 2009

COREY AC DAVID DE SOUZA
3020 OCEANSIDE BLVD
88
OCEANSIDE, CA 92054

SUBJECT: TOUR BRAZIL, L.L.C.
Ref. Number: L07000119534

We have received your document for TOUR BRAZIL, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 909A00006479

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 10 AM 8:39

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Tour Brazil, 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 10/30/07 and assigned
Florida document number 207000119534

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

S-Connection, LLC

The new name must be distinguishable and end with 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)

17950 NE 53rd Ln

Williston, FL 32696

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3020 Oceanside Blvd #88

Oceanside, CA 92054

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:

Heidi Schwiebert

New Registered Office Address:

17950 NE 53rd Ln

(Enter Florida street address)

Williston

(City)

Florida

32696

(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 608, 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.

x already registered agent,
but need correct address,
currently says "117950"

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

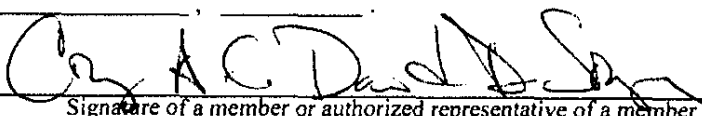
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 09 MAR 10 AM 8:39

Dated _____



 Signature of a member or authorized representative of a member

 Corey A.C. David De Souza

 Typed or printed name of signee