

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.

(((H24000288283 3)))



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 : I2019000068 : (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 PARTNER GLOBAL BUSINESS, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY AUG 29 2024 Registration Section

To:

TO:

COVER LETTER

Division of Corporations					
PARTNE	R GLOBAL BUSINESS, LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Rubem Souza				
		Name of Person			
	Medeiros Souza corp				
	Firm'Company				
	1711 Amazing Way, Ste 213				
Address					
	Ococe, FL 34761				
		City/State and Zip Code			
	contact@medeirossouza.co				
		to be used for future annual report notific	cation)		
For further information	concerning this matter, please c	all:			
Rubem Souza		407 326 - 8484			
Name	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	the following amount:				
□ \$25.00 Filing Fec	■ \$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)		
<u>Mailing Addre</u> Registration		Street Address; Registration Sect	ion		

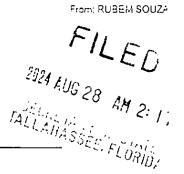
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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



PARTNER GLOBAL BUSINESS, LLC

The Articles of Organization for this Limited Liability Company were filed on $\frac{03/06/2009}{1}$ ____ and assigned Florida document number L09000022282 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 CO	RP	
New Registered Office Address:	1711 Amazing Way, Ste 1	213	
	Enter Florida street address		
	Ococe	, Florida ³⁴⁷⁶ l	
	City'	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

To:

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>	Address	Type of Action
Director	NOVACK, SILVIA SIQUEIRA	RUA EMILIANO PERNETA, 822	
		CONJUNTO 807	≡ Remove
		CURITIBA, PARANA 80420-080 BR	
			- <u>- 子</u> 學 小
		-	Remove T
			Remove 2:
			☐ ĀĒĢĒ
			□Remove
			Change
			☐ Add
			□Remove
			□Add
			□Remove
			①Add
			□Remove
			□ Change

2024-08-28 15 06 47 GMT

14076046519

From RUBEM SOU2

To:

Page 7 of 7

Filing Fee: \$25.00