

L10000100792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900187940749

11/22/10--01018--015 \*\*25.00

FILED  
2010 NOV 22 AM 11:16  
TALLAHASSEE, FL 32301

C. LEWIS  
NOV 23 2010  
EXAMINER

## COVER LETTER

TC Registration Section  
Division of Corporations

SUBJECT: PJ MATHEUS LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Joyce Nascimento  
Name of Person

Firm/Company

5560 Metrowest Blvd  
Address

Orlando, FL 32811  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2010 NOV 22 AM 11:16

PS MATHEUS LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/09/2010 and assigned Florida document number L10000100792

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 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**)

4894 Cason Cove DR #105  
Orlando, FL 32811

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

4894 Cason Cove DR #105  
Orlando, FL 32811

**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:

ADERIVAL DA SILVA

New Registered Office Address:

4894 CASON COVE DR #105

Enter Florida street address

ORLANDO

City

Florida 32811

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.

Adenival da Silva  
If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ADENIVAL DA SILVA	4898 Pason Cove Dr #105 Orlando, FL 32811	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DIMARIA DA HORA	4894 Pason Cove Dr #105 Orlando, FL 32811	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	PEDRO DA SILVA	516 S. Candler Ave Orlando, FL 32835	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	TELMA FRAGA SILVA	516 S. Candler Ave <del>TELMA</del> Orlando, FL 32835	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	FABIO ROCHA	516 S. Candler Ave Orlando, FL 32835	<input type="checkbox"/> Add <input checked="" 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.)*

**Dated**

Signature of a member or authorized representative of a member

PEDRO DA SILVA

Typed or printed name of signee

2010 NOV 22 AM 11:16

100-443887-100