

12/1/2020

Division of Corporations

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : COMPANY COMBO, LLC  
Account Number : I20160000033  
Phone : (866)428-2030  
Fax Number : (407)308-0481

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FLEXMUNDI INTERNATIONAL LLC**

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Estimated Charge	\$25.00

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FLEXMUNDI INTERNATIONAL 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:

PAOLA  
\_\_\_\_\_  
Name of Person

COMPANY COMBO, LLC  
\_\_\_\_\_  
Firm/Company

2815 DIRECTORS ROW, STE 100  
\_\_\_\_\_  
Address

ORLANDO, FL 32809  
\_\_\_\_\_  
City/State and Zip Code

DOCS@COMPANYCOMBO.COM  
\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

PAOLA \_\_\_\_\_ at (866) 2030 \_\_\_\_\_  
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

FLEXMUNDI INTERNATIONAL 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 05/24/2011 and assigned  
Florida document number L11000061293.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2815 DIRECTORS ROW

STE 100 OFFICE 903

ORLANDO, FL 32809 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2815 DIRECTORS ROW

STE 100 OFFICE 903

ORLANDO, FL 32809 US

**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:

COMPANY COMBO, LLC

New Registered Office Address:

2815 DIRECTORS ROW, STE 100

*Enter Florida street address*

ORLANDO

*City*

Florida 32809

*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>
MGR	CASTILHO, RICARDO	MARTE AVENUE, 379	<input type="checkbox"/> Add
		CITY OF SANTANA DE PARNAIBA, SP 06541 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAURY PEREIRA GUILHERME	RUA 31 NR 97	<input checked="" type="checkbox"/> Add
		GOIANIA, GO	<input type="checkbox"/> Remove
		74690191 BR	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER, 17TH, 2020

Signature of a member or authorized representative of a member

CASTILLO, RICARDO

Typed or printed name of signee

**Filing Fee: \$25.00**