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## **COVER LETTER**

TO:				•	
enmer		V DESOU	ZA LLC		
SUBJE	C1: _		Name of Limi	ited Liability Company	<del></del>
The enc	losed A	rticles of A	amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn al	l correspon	dence concerning this matter	to the following:	
			JULIANA PIETA		
		Name of Limited Linbility Company  osed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:  JULIANA PIETA  Name of Person  TAX CONTROLLER INC  Firm/Company  750 E. SAMPLE RD BLDG 3 BAY 5  Address  POMPANO BEACH, FL 33064  City/State and Zip Code  JULIANA@TAXCONTROLLER.COM  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:  A PIETA  954  3011848  at (			
			Name of Limited Liability Company  Of Amendment and fee(s) are submitted for filing.  Spondence concerning this matter to the following:  JULIANA PIETA  Name of Person  TAX CONTROLLER INC  Firm/Company  750 E. SAMPLE RD BLDG 3 BAY 5  Address  POMPANO BEACH, FL 33064  City/State and Zip Code  JULIANA@TAXCONTROLLER.COM  E-mail address: (to be used for future annual report notification)  In concerning this matter, please call:  at (		
				Firm/Company	
			750 E. SAMPLE RD BLDO	NA PIETA  Name of Person  ONTROLLER INC  Firm/Company  SAMPLE RD BLDG 3 BAY 5  Address  ANO BEACH, FL 33064  City/State and Zip Code  A@TAXCONTROLLER.COM  E-mail address: (to be used for future annual report notification)  nis matter, please call:  954  3011848  at ()	
				Address	<del></del>
			POMPANO BEACH, FL 3	3064	
			HILLAND OTA VOONTRO		<del></del>
			· <del>-</del>		ification)
For furtl	her info	rmation co	ncerning this matter, please ca	ıll:	
JULIAN	NA PIE	ΓA			
		Name of	Person		ne Telephone Number
Enclose	d is a ch	neck for the	following amount:		
\$25	.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

MV DESOUZA LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/19/2012	and assigned
Florida document number L12000093751	·	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<b>B</b> J
		UN SER
Enter new mailing address, if applicable:		<b>79 20 20 20 20 20 20 20 20</b>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		90 NE
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	<del></del>
	Enter Florida street address	
	, Flori	
	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

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>	Type of Action
D	WANDERLEY A GUERRA	22251 SANDS POINT DR	Add
		BOCA RATON FL 33433	□ Remove
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ive date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be prior to date of filing or more than  If the date inserted in this block does not meet the applicable statutory filing requirent's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to rements, this date will not be	605.020 listed a
ord specifies a delayed effective date, but not an effective time, a 90th day after the record is filed.	at 12:01 a.m. on the ea	rlier o
MAY 31st 2018		
Signature of a member or authorized representative of a me	mber	