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### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

# /INICIUS MORAIS ENTERPRISES, LLC.

Name of Limited Liability Company

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

Please return all corréspondence concerning this matter to the following:

RITA IZIDORO

Name of Person

SAFE POINT INC.

Firm/Company

1048 EAST OSCEOLA PARKWAY

Address

KISSIMMEE, FL 34744

City/State and Zip Code

safepointinc@gmail.com

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

For further information concerning this matter, please call:

ROSEMARY F MOREIRA

Name of Person

<sub>...</sub>407 \**545-636**3

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**

## VINICIUS MORAIS ENTERPRISE, 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 Liab Florida document number <u>L13000042458</u>		were filed on _	March 21, 2013	und apprend	
This amendment is submitted to amend the follow			A Park	FILEU PH	
A. If amending name, enter the new name of t	<u>he limited liabi</u>	lity company h	<u>ere</u> :	3 7 1	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Com	pany," the designation "I	LC For the abbreviatio	
Enter new principal offices address, if applicable:		1048 East Osceola Parkway 🝜			
(Principal office address MUST BE A STREET ADDRESS)		Kissimme	e, Florida 34744	<u>'</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		1048 East Osceola Parkway Kissimmee, Florida 34744			
B. If amending the registered agent and/or registered agent and/or the new registered offi			our records, enter	the name of the nev	
Name of New Registered Agent:	ROSEMARY F. MOREIRA				
New Registered Office Address:	1048 East Osceola Parkway				
	l	Enter Florida street add	lress		
	Kissimmee	)	, Florida	34744	
		City		Zip Code	
New Registered Agent's Signature if changing Re	gistered 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.

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 = N	MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
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D. If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		—
		_
	•	
		_
ated	July 25th 2013	_
ated	,	
	x Kee	
	Signature of a member or authorized representative of a member	
	ROSEMARY F MOREIRA	
	Typed or printed name of signee	

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