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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068 Phone : (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 GLOBO INVESTIMENTOS LLC

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T. LEMIEUX

From: RUBEM SOUZA

TO:

## **COVER LETTER**

TO: Registration S Division of Co				
	NVESTIMENTOS LLC	N.		
SUBJECT:Name of Limited Liability Company				
The enclosed Articles of	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			
	<del></del>	Firm/Company		
1711 Amazing Way, Ste 213				
Address				
Ococe, FL 34761				
	<u> </u>	City/State and Zip Code		
	contact@medeirossouza.co			
	E-mail address: (	to be used for future annual report notification)		
For further information (	concerning this matter, please c	all:		
Rubem Souza		407 326 - 8484		
Name e	of Person	Area Code Daytine Telephone Number	_	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing F  Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is	Status &	
MailingAddres Registration		StreetAddress: Registration Section		
Division of C		Division of Corporations		
P.O. Box 632		The Centre of Tallahassee		
Tallahassee.	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

GLOBO INVESTIMENTOS LLC

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our reco ambility Company)	ards.)	
The Articles of Organization for this Limited I. Florida document number L13000067176	lability Company	were filed on 05/07/2013	<del></del>	_ and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation "LI	LC" or the abbres	iation "L.L.C."
Enter new principal offices address, if applic	able:			<del></del>
(Principal office address MUST BE A STREE	TADDRESS)	<u></u>		
				<del></del> _
Enter now mailing address: if annioables		1711 Amazing Way Ste 213		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		Ococe, FL, 34761		<del></del>
Manning mores, mar at A 1 031 Of FICE	<u> </u>		<u>.</u>	
B. If amending the registered agent and/or ragent and/or the new registered office address  Name of New Registered Agent:	egistered office a ss here: MEDEIROS SO		er the name of	the new registered
New Registered Office Address:	1711 Amazing V	Way, Ste 213	**	9
		Enter Florida street addr	ess	جيد جيد
	Ococe	F	ess Ilorida <sup>34761</sup>	7
N . 10 . 1		Cuy	ž	Cip C <u>ōde</u>
New Registered Agent's Signature, if changing I				
I hereby accept the appointment as registere, provisions of all statutes relative to the properties accept the obligations of my position as registering filed to merely reflect a change in the accompany has been notified in writing of this second	er and complete p stered agent as p registered office o	performance of my duties, o rovided for in Chapter 605,	and I am f <u>a</u> mi . F.S. Or, if tl	liar wyh and is document is

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>	Name	Address	Type of Action
			□Remove
<u>_</u>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

" -	ation, enter change(s) here: (Attach additional shee	
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th an enective trace is usion, the date and	e date of filing:  st be specific and cannot be prior to date of filing or more than 90 lock does not meet the applicable statutory filing requirer Department of State's records.	radys and minggram state to 105.0207 to Ko
If the record specifies a delayed effective record is filed	ve date, but not an effective time, at 12:01 a.m. on the car	lier of (b). The 90th day after the
Dated Orlando	12/11/2023	
EL L		
	Signature of a member or authorized representative of a member	her
Rubem Souza		
	Typed or printed name of signce	