Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000328100 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

RECEIVED

NOV 1 4 2018.

From:

Account Name

: US TAX CONSULTING INC

Account Number : I20160000060

Phone

: (407)674-8969

Fax Number

: (407)674-8970

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

				_
C11 A	ddress:			-
ematt w	uuress.		•	•••

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIDELITY COCICOV LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FIDELITY COCICOV LLC

The Articles of Organization for this Florida Limited Liability Company were filed on <u>07/17/2015</u> and assigned Florida document number.

Florida document number: L14000151521.

#### Article I

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."

### Article II

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

8000 SCAGEL ST, ORLANDO FL 32832

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8000 SCAGEL ST, ORLANDO FL 32832

#### Article IV

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:

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New	Registered Agent,	if changing
------------------	-------------------	-------------

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

Title	Name	Address	Type of Acti	on				
AMBR	ANA FERNANDA LEME T COCICOV	R TENENTE ARANTES FILHO 89	REMOVE					
		RIO DE JANEIRO, RJ 22451-270	ADD					
Title	Name	Address	Type of Acti	on				
AMBR	ANA CRISTINA LEME T COCICOV	R TENENTE ARANTES FILHO 89	REMOVE					
		RIO DE JANEIRO, RJ 22451-270	ADD					
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)								

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: 07 November 2018

Signature of a member of authorized representative of a member

ROBRIGO CAVALCANTE

Typed or printed name of signee