

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

LIS 00008131

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(((H22000145069 3)))



H220001450693ABC\$

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To:

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

From:

Account Name : GENERAL SOLUTIONS INC
 Account Number : I20140000086
 Phone : (305)255-3310
 Fax Number : (305)255-3320

2022 APR 21 PM 2:09

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 AND
 FILED

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

Email Address: blanca @ general-solutions inc-um

**LLC AMND/RESTATE/CORRECT OR M/MG
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THADEROSA LLC

Certificate of Status	0
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Electronic Filing
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H220001450693

THADEROSA, 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 01/14/2015 and assigned
Florida document number L1500008131.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

MARIA E DA SILVA C DE SOUZA

New Registered Office Address:

7601 E TREASURE DR #1106

Enter Florida street address

NORTH BAY VILLAGE

Florida

33141

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.

Maria C. Souza

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	THADEU DE JESUS E SILVA	7601 TREASURE DR #1805	<input type="checkbox"/> Add
		NORTH BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Patricia Glym Silva C De Souza	7601 E TREASURY DR #1106	<input checked="" type="checkbox"/> Add
		NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

E. Effective date, if other than the date of filing: 04/21/2022 (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 APRIL, 21 2022

William C. Souza
Signature of a member or authorized representative of a member

MARIA E DA SILVA C DE SOUZA

Typed or printed name of signee

Filing Fee: \$25.00

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