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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I2019000068 Phone : (407)326-8484

Fax Number

: (407)604-5519

\*\*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 PRADO & SOUZA CONSULTING, LLC

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Tallahassee, FL 32314

## **COVER LETTER**

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Tallahassee, FL 32303

Page; 5 of 7

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PRADO & SOUZA CONSULTING	LLC			NON USE
(Name of the Limite	d Liability Company A Florida Limited Lial	as it now appea bility Company)	rs on our records.)	2 95
The Articles of Organization for this Limited Li Florida document number 1.15000101004			06:10/2015	and assigned of the same of th
This amendment is submitted to amend the following	owing:			<b>—</b> **
A. If amending name, enter the new name of	the limited liabilit	ty company ho	ere:	
The new name must be distinguishable and contain the w Enter new principal offices address, if applicately applied (Principal office address MUST BE A STREE	able:	Company," the c	lesignation "LLC" or the al	obreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	- BOX) _			
B. If amending the registered agent and/or reagent and/or the new registered office address		dress on our r	ecords, <u>enter the nan</u>	e of the new registered
Name of New Registered Agent:	MEDEIROS SOU	ZA CORP		
New Registered Office Address:	845 N GARLANI	AVE, STE 10	00	
		Emer Flo	rida street address	
	ORLANDO	<u> </u>	Florida _3:	2801
		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.

City

To: +18506176383 Page: 6 of 7 2021-11-03 19:34:48 GMT 14076046519 From: RUBEM SOUZA

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				
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