į

. .

To:



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.

(((H24000216082 3)))



H240002160823ABCZ

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

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 PRADO & SOUZA CONSULTING, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

'Electronic Filing Menu

Corporate Filing Menu

Help

(-:

· 11 F

....

K. SALY

JUN 24 2024

Registration Section

TO:

COVER LETTER

Division of Cor	porations		
	SOUZA CONSULTING, LLC		
SUBJECT:	Name of Lin	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Rubem Souza		
		Name of Person	
	Medeiros Souza corp		
į,	· ·	Firm/Company	
•	Name of Person Medeiros Souza corp		
		Street Address:	
	Ococe, FL 34761		
		City/State and Zip Code	
:	-		ofication)
For further information c		-	,
Rubem Souza			
	·	at (· · · · · · · · · · · · · · · · · · ·
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration 8	<u>s:</u> Section	<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Cor	rporations
P.O. Box 632		The Centre of 1	
Tallahassee, l	·1., 32314	2415 N. Monro	ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



	4.5	OF	TALLAMASSEE FLORI
			LAHASSE, ST
	PRADO & SOUZA CONSULTN		
	(Name of the Lin	ited Linbility Company as it now appears on our re (A Florida Limited Liability Company)	cords.)
he A	Articles of Organization for this Limited	Liability Company were filed on 06/10/2015	and assigned
loric	la document number L15000101004		
	amendment is submitted to amend the fo	Howing:	
		_	
i. It	amending name. enter the new name	of the limited hability company here:	
he ne	ew name must be distinguishable and contain the	words "Limited Liability Company," the designation	"LLC" or the abbreviation "L L.C."
ntei	r new principal offices address, if appl	icable:	
	cipal office address MUST BE A STRE		
	CITATION OF THE CONTRACT OF TH		, -
• •			
	r new mailing address, if applicable:		
Maii	ling address MAY BE A POST OFFICI	<u> </u>	
	*. .	· · · · · · · · · · · · · · · · · · ·	
		registered office address on our records, <u>cr</u>	nter the name of the new registe
	amending the registered agent and/or tand/or the new registered office addr		nter the name of the new registe
			nter the name of the new registe
	t and/or the new registered office addr Name of New Registered Agent:	ess here:	nter the name of the new registe
	t and/or the new registered office addr	ess here: MEDEIROS SOUZA CORP	
	t and/or the new registered office addr Name of New Registered Agent:	MEDEIROS SOUZA CORP 1711 Amazing Way, Ste 213 Enter Florida street of	

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.

If Changing Registered Agent, Signature of New Registered Agent

:

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
-AMBR	Paulo De Souza Prado	2807 CRANE TRACE CIR ORLANDO, FL 32837	= Add
			DRemove
			🗓 Change
AMBR	Marina De Souza Prado	2807 CRANE TRACE CIR ORLANDO, FL 32837	≘ ∧dd
			□Remove
			Change
AMBR	Renata F De Souza Esteves	2807 CRANE TRACE CIR ORLANDO, FL 32837	≝∧dd
			□Remove
			Change
AMBR	Pedro De Souza Esteves	2807 CRANE TRACE CIR ORLANDO, FL 32837	🖺 Add
			□Remove
			Change
• .		ະ 	Remove C
i			
			□Add
			[]Remove
			ClChange

• •				62
				300
-				72. 8
				- 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
				\$500 K. 23
				6.4. 2
		······································	•	
4 11167			···········	
· .				
- , . ·				
11.				
 				
				
fective date, if other than the	e date of filing:		(optional)	
an effective date is listed, the date mu ote: If the date inserted in this b beament's effective date on the E	ist he specific and cannot be prior block does not meet the applic	r to date of filing or more cable starutory filing (e than 90 days after filing) I	
ecord specifies a delayed effecti is filed.	ve date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (h) The	90th day after the
Orlando ated	06/21/202	<u>24</u> ·		
		KL		
		,		
	Signature of a member or auth	norized representative of	f a member	