

LI6000110161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

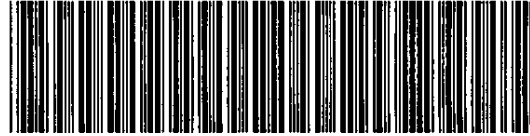
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800288903508

08/15/16--01026--012 **25.00

FILED
2016 AUG 15 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
AUG 18

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 3 ULTIMATE TECH LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLINE G LARSON

Name of Person

Larson Accounting and Consulting LLC

Firm/Company

7901 KINGSPONTE PARKWAY STE 17

Address

ORLANDO - FL 32819

City/State and Zip Code

PRIVATE@LARSONACC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE G LARSON

407 3703686

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

3 ULTIMATE TECH LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2016 AUG 15 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/07/2016 and assigned
Florida document number L16000110161.

This amendment is submitted to amend the following:

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7362 FUTURES DRIVE SUITE 15
ORLANDO - FL - 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7362 FUTURES DR SUITE 15
ORLANDO - FL 32819

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:

Enter Florida street address

City, Florida 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.

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CAMILA SIMOES	7362 FUTURES DR SUITE 15	<input type="checkbox"/> Add
		ORLANDO - FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lessandro Varella Barbosa	7362 FUTURES DR SUITE 15	<input checked="" type="checkbox"/> Add
		ORLANDO - FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carlos Magno Lacerda	7362 FUTURES DR SUITE 15	<input checked="" type="checkbox"/> Add
		ORLANDO - FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2016 AUG 15 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 AUG 15 PM 5:29
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

(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)

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 AUGUST 09 2016

Signature of a member or authorized representative of a member

LESSANDRO VARELLA BARBOSA

Typed or printed name of signee