

L16000 112 705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

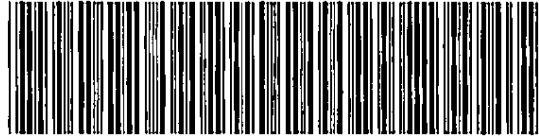
(Document Number)

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FILED  
19 FEB 28 PM 2:42  
TALLAHASSEE, FLORIDA

MAR 08 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 29, 2019

BRASIL RADIO ORLANDO, LLC  
999 DOUGLAS AVENUE STE 3315  
ALTAMONTE SPRINGS, FL 32174

SUBJECT: BRASIL RADIO ORLANDO, LLC  
Ref. Number: L16000112705

We have received your document for BRASIL RADIO ORLANDO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

MP & R LLC - L18000034289

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 919A00002076



**Safety Tax and Bookkeeping**  
A DBA of NETWORK 4 PRO LLC



ATTENTION: SCHLAE WONG  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
Registration Section  
PO BOX 6327  
Tallahassee, FL 32314

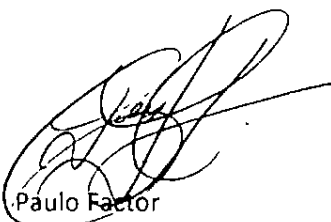
**IMPORTANT:**

We were notified that the change was not approved, and according to your instructions over the phone, attached you will find the Articles of Amendment to Articles of Organization of RADIO BRASIL ORLANDO, LLC in order to change the name as MPR S&M CONSULTING LLC. This service was paid (please see the copy attached).

We appreciate your support.

Should you have any questions, do not hesitate to contact us.

Truly yours,



Paulo Factor

Manager

Safety Tax and Bookkeeping

2019 FEB 28 PM 10:42

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BRASIL RADIO ORLANDO, 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:

PAULO FACTOR

\_\_\_\_\_  
Name of Person

SAFETY TAX & BOOKKEEPING

\_\_\_\_\_  
Firm/Company

6220 S ORANGE BLOSSOM TRL STE 600

\_\_\_\_\_  
Address

ORLANDO, FLORIDA 32809

\_\_\_\_\_  
City/State and Zip Code

SAFETY@SAFETYTAX.COM

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

For further information concerning this matter, please call:

PAULO FACTOR

407 8884747

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

BRASIL RADIO ORLANDO, 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 06/10/2016 and assigned  
Florida document number L16000112705.

This amendment is submitted to amend the following:

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

MPR S&M Consulting LLC

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)

11659 ACOSTA AVE

ORLANDO FL 32836

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

11659 ACOSTA AVE

ORLANDO FL 32836

**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:

11659 ACOSTA AVE

*Enter Florida street address*

ORLANDO

*City*

Florida 32836

*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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

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.

Dated FEBRUARY 05 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee