

L16000116828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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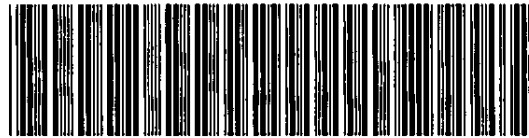
(Business Entity Name)

(Document Number)

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2017 JUN 28 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JUN 29 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FYA INTERNATIONAL 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:

REGINALDO A. DA SILVA
Name of Person

Firm/Company

4861 MATTEO TR
Address

ORLANDO, FL 32839
City/State and Zip Code

reginaldo@foryouagency.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REGINALDO A. DA SILVA at (407) 779-9613
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

FYA INTERNATIONAL LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/16/2016 and assigned
Florida document number L16000116828.

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:

4861 MATTEO TR

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32839

Enter new mailing address, if applicable:

4861 MATTEO TR

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32839

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

_____, Florida _____
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.

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>
AMBR	JHENNIFER A. S. D'AVILA	4861 MATTEO TR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32839	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	REGINALDO A. DA SILVA	4861 MATTEO TR	<input type="checkbox"/> Add
		ORLANDO, FL 32839	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	IDAMIR ROSA BANDEIRA	4861 MATTEO TR	<input type="checkbox"/> Add
		ORLANDO, FL 32839	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA


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2017 JUN 28 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/23/2017

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 JUNE 23 2017

JUNE 23 2017



Signature of a member or authorized representative of a member

REGINALDO A. DA SILVA

Typed or printed name of signee