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2022-08-11 13:09:13 GMT

19542524650

From: Juliana dos santos

8/11/22, 8:57 AM

Division of Corporations



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.

(((H22000271335 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOSSANTOS AND MACHADO, LLC

Account Number : I20140000089 Phone : (754)301-2128 Fax Number : (954)252-4650

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: __info@gfstaxacct.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRIPLE V CORPORATION SERVICES AND MANAGEMENT ELC

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COVER LETTER

H22000271335 3

TO: Registration Se Division of Cor		• ,	· ·
	CORPORATION SERVICES A	ND MANAGEMENT LLC	:
SUBJECT:	Name of Limite	al Liability Company	
		· ·	
	·	• .	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	•
Please return all correspo	indence concerning this matter to	the following:	
	JULIANA MACHADO, CP	A	· · · · · · · · · · · · · · · · · · ·
		Name of Person	
•	GFS TAX & ACCOUNTING	G SERVICES	
		Firm Company	
	11764 W SAMPLE RD STE	. 102	
•	to produce the summarisation are a resting a patient is and desired an elegated for a resting	Address	
	CORAL SPRINGS, FL 3300	58	· ·
		City/State and Zip Code	
•	· INFO@GESTAXACCT.CON	4	•
	E-mail address: (to	be used for future annual report not	ilication)
For further information c	oncerning this matter, please cal	l :	
JULIANA MACHADO		754 301-2128 at ()	
Name o	f Person		ne Telephone Number
			;
		•	
linelosed is a check for the	he following amount:	•	1
CI \$25,00 Filing Fee	13 \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (actitional copy is enclosed)	El \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>181</u>	Street Address:	
Registration :	· ·	Registration Se	
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	oc Street, Suite 810

Tallahassee, FL 32303

H220002713353

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIPLE V CORPORATION SERVICES AND MAS		·		
(Name of the Limited Liability Control (A Florida Limited	any ay it ngw appears on our r Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000121899</u>	were filed on 06/24/2016	: 	and assigne	đ
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	fity Company." the designation	"LLC" or the abb	oreviation "L.L.C."	•
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	· ·	·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		:		
		outer the name	Out the person	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	agaress on our records.	enter the dana	A A A	77
Name of New Registered Agent:			数: <u></u>	
New Registered Office Address:		·	mc.	⊂,
	Enter Floruda street	address : : . Florida	H: 52	
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H22000271335 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	CTR Videoendoscopia Cir Juarez Sampaio	RUA CORONEL LP MARES 950	OAdd
		SL 405/408	≅Remove
		FORTALEZA, CE 60170240 BR	Change
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To: FL DOS	Page: 5 of 5	2022-08-11 13:09:13 GMT	19542524650	From: Juliana dos santos
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D. If amending	any other information	, enter change(s) here: tAttach addi.	tional shears, if necessary.)	

amending any other information	i, enter change(s) here:	: AMach additional shee	is, if necessary.)	
				
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Mective date, if other than the da an effective date is listed, the date must be ote: If the date inserted in this block betiment's effective date on the Depa	specific and cannot be prior t does not meet the applica	o date of filing or more than 90	i (optional) days after filing) Pursuant to to nents, this date will not be li	05 0207 (3)(i sted as the
record specifies a delayed effective dails filed.	ite, but not an effective fir	ne, at 12:01 a.m. on the ear	fier of: (b) The 90th day aft	ter the
AUGUST 10TH	2022			
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Typed or printed name of signed