

L16000127777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

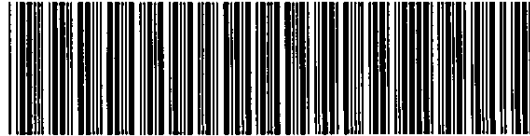
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700292496157

11/23/16--01003--010 **25.00

FILED
16 NOV 23 PM 1:29
CLERK OF STATE
TALLAHASSEE, FLORIDA

NOV 28 2016

✓ SULKER

Orlando, 11/21/2016

Subject: MULTIPLIED SERVICES, LLC

Florida document number: L16000127777

ARTICLES OF AMENDMENT

To whom it may concern,

I AM TRYING TO GET MY SELF ADDED TO SUBIZ AS A GENERAL MANANGER (MGR) FOR THE COMPANY. I have already sent to you guys a check for \$ 25,00, but you have refused my original application, so here is another check and my application revised.

Once again, this has nothing to with the ficticius name.

Please let me know if you need any information:


Cleiber Silva

(407) 808-9988

Thank you so much for you help.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MULTIPLIED SERVICES LLC DBA FALCON OF THE NILE
Name of Limited Liability Company WATER SOLUTIONS.

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

Please return all correspondence concerning this matter to the following:

CLOTTOR SELVA
Name of Person

MULTIPLIED SERVICES, LLC
Firm/Company

6421 MELNER BLVD
Address

ORLANDO FL 32809
City/State and Zip Code

ADMIN @ FALCON OF THE NILE .COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLOTTOR CAMPELO SELVA at (407) 857-1750
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

MULTIPRO SERVICES 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 10/26/16 and assigned
Florida document number L36000127777

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)

6421 MELNOR BLVD SUITE 2
ORLANDO, FL, 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

CLEIBER CAMPELO SILVA

New Registered Office Address:

6421 MELNOR BLVD SUITE 2
Enter Florida street address

ORLANDO, 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.

Cleiber Campos Silva
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	CLEBER SILVA	6421 MELNOR BLVD, SUITE 2 ORLANDO, FL, 32809	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
16 NOV 23 PM 1:50
SULLY HASSELL FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

16 NOV 23 PM 4:23
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 11/4/16 Orlando, FL 11/4/16

[Handwritten Signature]

Signature of a member or authorized representative of a member

ANALSON R.F. DE SOUZA - OWNER

Typed or printed name of signee