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**S Warren** MAY - 8 2017

## **COVER LETTER**

TO: Registration Se Division of Cor	ection rporations		
SUBJECT: CA	iso uc		
SUBJECT,		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARÍA C 501	os A	
	71111411	Name of Person	
	SOUSA & AS	ssociates INC	
		Firm/Company	
	7345 W SAND	LAKE RD, SE 304	
		Address	
	ORLANDO, FL 32	2819	
		City/State and Zip Code	
	CATOL @ SOUSA N	U ASSOCIATES. COM to be used for future annual report notif	ication)
For further information co	oncerning this matter, please of		, and the second
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
MARIA C S		at ( 407 ) 800 - 7	to 28 (9am - 5 Pm) Telephone Number
Tvanie o	11 (13011	Alea Code Baytine	, receptione runtoer
Enclosed is a check for th	e following amount:		
<b>☑</b> \$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

(Name of the Limit	ed Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited L		08 22 2016	and assigned
This amendment is submitted to amend the follo			
A. If amending name, enter the new name of	f the limited liability company	<u>here</u> :	
he new name must be distinguishable and contain the w	ords "Limited Liability Company," the	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
		on our records, <u>enter</u>	the name of the r
		on our records, <u>ente</u>	the name of the r
egistered agent and/or the new registered of	fice address here:		the name of the r
	fice address here:	on our records, enter	the name of the r

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 Re

Page 1 of 3

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 **Type of Action** <u>Title</u> **Name** <u>Address</u> AN PROF DEA E DE CARVALHO DAdd DE LIMA JOAO C JR # 605 CASA 38 Remove CAMPINAS SP 13101-664 \_□ Change DE LIMA, JOAO C JR AN PROF DEA & DE CARVALHO **⊞** Add AMBR # 605 CASA 38 ☐ Remove campinas, SP 13101-664 ☐ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add

☐ Change

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	Signature of	a member or authoriz	zed representative of	a member	

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Filing Fee: \$25.00