27/07/2022 16:00

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068 : (407)326-8484 Fax Number : (407)604-6519

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

Email Address: Contact@medeirossouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRAVUS TOUR & SERVICES LLC

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JUL 27 2022

To:		Page	40

2022-07-27 20.07:33 GMT

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From: RUBEM SOUZA

COVER LETTER

ТО:	Registration Se Division of Cor			•
SHRIF	BRAVUS	TOUR & SERVICES LLC		
S(7 D(1))		Name of Lin	iited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	-	
		Rubem Souza		
			Name of Person	
		Medeiros Souza corp		
			Firm Company	
		845 N GARLAND AVE.	STE 100	
			Address	
		ORLANDO, FL 32801		
			City/State and Zip Code	
		contact@medeirossouza.co E-mail address: (in to be used for future annual report	notification)
For furth	ner information c	oncerning this matter, please o	all:	
Rubem S	Souza		407 326 - 84 at ()	84
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed	d is a check for t	ne following amount:		
□ \$25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MailingAddress: Registration Section Division of Corporations P.O. Box 6327 StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee Ta: Page: 5 of 7 2022-07-27 20:07:33 GMT 14076046519 From: RUBEM SOUZA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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

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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

To:

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
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			□Remove

Typed or printed name of signee

2022-07-27 20:07:33 GMT

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From: RUBEM SOUZA

To:

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Rubem Souza