11/29/23, 2:11 PM

Division of Corporations

Florida Department of Stat

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.

(((H23000408134 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

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

**Enter	the	email	address	for	this	busin	ess	entity	to	be	used	for	future
妥,anr	nual	report	mailing	35. I	Enter	only	one	email	addr	es:	plea	se.	*

Email Address: _____contact@medeirossouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN E&K CASAGRANDE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01 .
Estimated Charge	\$30,00

Electronic Filing Menu Corporate Filing Menu

Help

NOV 3 0 2023

COVER LETTER

E&K CASAGRANDE, LLC SUBJECT: 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: Rubem Souza Name of Person Medeiros Souza corp Firm/Company 1711 Amazing Way, Ste 213 Address
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: Rubein Souza Name of Person Medeiros Souza corp Firm/Company 1711 Amazing Way, Ste 213
Please return all correspondence concerning this matter to the following: Rubem Souza Name of Person Medeiros Souza corp Firm/Company 1711 Amazing Way, Ste 213
Name of Person Medeiros Souza corp Firm/Company 1711 Amazing Way, Ste 213
Name of Person Medeiros Souza corp Firm/Company 1711 Amazing Way, Ste 213
Medeiros Souza corp Firm/Company 1711 Amazing Way, Ste 213
Firm/Company 1711 Amazing Way, Ste 213
1711 Amazing Way, Ste 213
Address
Ococe, FL 34761
City/State and Zip Code
contact@medeirossouza.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rubem Souza 407 326 - 8484
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)
MailingAddress: Registration Section StreetAddress: Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, Fl. 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E&K CASAGRANDE, LLC					
(Name of the Lin	it ed Liability Comp r (A Florida Limited	nny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Florida document number L16000208138	Liability Company	were filed on 11/10/2	2016	_ and assigned	
This amendment is submitted to amend the fo	Howing:				
A. If amending name, enter the new name	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ration "LLC" or the abbre-	viation "L.L.C."	
Enter new principal offices address, if appli	2355 Raden Dr				
(Principal office address MUST BE A STRE	Land O' Lakes				
		FL 34639			
Enter new mailing address, if applicable:		2355 Raden Dr			
(Mailing address MAY BE A POST OFFICE	Lond O' Lakes				
		FL 34639			
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:		ds. <u>enter the name o</u> ; - 	f the new registere	
Name of New Registered Agent:	MEDEIROS SO	OUZA CORP	· · · · · · · · · · · · · · · · · · ·	29 ==	
New Registered Office Address:	1711 Amazing	Way, Ste 213			
		Enter Florida si	treet address		
	Ococe		Florida <u></u> .		
		City		Zip Cod P	

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.

_____ □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:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			☐ Change
			□Add
			□Remove
		-	□Change
			□ Add
		·	□Remove
			□Change
			DAdd
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗖 Add
			□Reniove

g;	nation, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the tiff an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 block does not meet the applicable statutory filing requirements, this date will not be listed as
he record specifies a delayed effecti ord is filed	ive date, but not an effective time, at 12:01 a m. on the earlier of: (b). The 90th day after the
Dated Orlando	11/29/2023
<u> </u>	Signature of a member or authorized representative of a member
Rubem Souza	
	Typed or printed name of signee