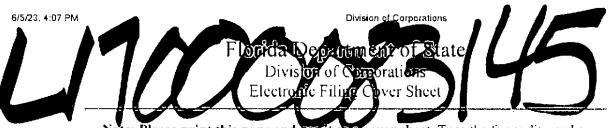
<u>.</u>.



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(((H230002031993)))



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

Contact@medeirossouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SALLUZ DISTRIBUTION, LLC

Certificate of Status	1
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JUN - 7 2023

COVER LETTER

\ TO:		stration Sect sion of Corpo			2
SUBJE		SALLUZ DIS	TRIBUTION, LLC		•
SUBJE	(, I; <u> </u>		Name of Limi	ted Liability Company	
The enc	losed	Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please n	eturn :	all correspond	lence concerning this matter t	o the following:	
			Rubem Souza		
				Name of Person	
			Medeiros Souza corp		
				Firm/Company	
			1711 Amazing Way, Ste 21	3	
			<u></u>	Address	
			Ococe, FL 34761		
				City/State and Zip Code	*
			contact@medeirossouza.com		
				o be used for future annual report notifier	Hion)
For furth	her int	formation con	cerning this matter, please ca	H:	
Rubem	Souza			407 326 - 8484 at ()	
		Name of P	CTSON	Area Code Daytime T	elephone Number
Enclose	d is a	check for the	following amount:		
□ \$25	i'i 00.	ling 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)

MailingAddress: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALLUZ DISTRIBUTION, LLC				
(Name of the Lin	oited Liability Company (A Florida Limited Lial	as it now appears on our records.) offity Company)		
The Articles of Organization for this Limited	Liability Company we	ere filed on 04/13/2017	and a	ssigned
lorida document number L17000083145				
his amendment is submitted to amend the fo	llowing:			
a. If amending name, enter the new name	of the limited liabilit	y company here:		
he new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" o	r the abbreviation	tL.C."
inter new principal offices address, if appli	icable: _			
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
	_			
Inter new mailing address, if applicable:	_		<u> </u>	
Mailing address MAY BE A POST OFFICE	E BOX)			
	_	•••		
			202	
3. If amending the registered agent and/or		lress on our records, <u>enter th</u>	e name of the n	ew regis
gent and/or the new registered office addr	ess here:		: .	
N. CALL D. L. L.	MEDEIROS SOU	ZA CORP	. 6	-
Name of New Registered Agent:	ent: MEDELINOS SOCIA CONF		<u></u>	<u></u>
New Registered Office Address:	1711 AMAZING		- 5	
		Enter Florida street address	0	
	OCOEE	Flori	da ³⁴⁷⁶¹	
		Cirv	Zip Cod	·

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 Registered Agent

Page: 6 of 7 2023-06-05 21:23:17 GMT 14076046519 From: RUBEM SOUZA

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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□ Петоче
			☐ Change
			□Add
			□Change
			Remove
		***************************************	□ Change
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			□ Remove
			□Change
		<u></u>	□Add
			Remove
			□ Chenne

	<u></u>	
 -		
-		
		
		<u>.</u>
th an effective date is listed, the date i	s block does not meet the applicable statutory fi	(optional) rmore than 90 days after filing.) Pursuant to 605,0207 (3)th ling requirements, this date will not be listed as the
If the record specifies a delayed effect record is filed	ative date, but not an effective time, at 12:01 a.r	n on the earlier of (h). The 90th day after the
Orlando Dated_	05/06/2023	
Dated	·	
	Signature of a member or authorized representat	ive of a member

Typed or printed name of signee