Page: 1 10/5/2023 02:25 PM TO:18506176383 FROM:4074125926

10/5/23, 1.50 PM

Division of Corporations

Floring Department of State Division of Gorporations Electronic Films 6 over Street

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.

(((H23000350355 3)))



H2300035035534BC-

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

10:	Ţ	o	٠	
-----	---	---	---	--

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC

Account Number : I20210000039 Phone : (407)374-2329 Fax Number : (407)412-5926

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

Email Address:_____

....

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIVOX INTERNATIONAL, LLC

PASS COT - S PH 2: 47

DOS: COT - S PH 2: 47

DOS: COT - S PH 2: 47

DOS: COT - S PH 2: 47

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

6. - 0 6.63

Page: 4 10/5/2023 02:25 PM TO:18506176383 FROM:4074125926

COVER LETTER

TO: Registration S Division of Co				
	NTERNATIONAL, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	f Amendment and fee(s) are sub condence concerning this matter			
	CLEITON CARDOSO			
	****	Name of Person	· · · · · · · · · · · · · · · · · · ·	
	DOMINIUM CONSULTI	NG SERVICES		
		Firm/Company		
	6965 PIAZZA GRANDE AVE - SUITE 206 Address			
	ORLANDO FLORIDA 32835			
	INFO@DOMINIUMCS.CO	City/State and Zip Code		
		to be used for future annual report notif	ication)	
For further information	concerning this matter, please co	all:		
CLEITON		407 374-2329		
Name	of Person	at () Area Code Daytinic	Telephone Number	
Enclosed is a check for	the following amount:			
≘ \$25.00 Filing Fee	☐ 530.00 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)	
	LING ADDRESS: tration Section	STREET/COURING Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Page: .5 1,0/5/2023 02:25 PM TO:18506176383 FROM:4074125926

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIVOX INTERNATIONAL, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) oted Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/28/2017	and assigned
Florida document number L17000094635		
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 l	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~3 :
(Principal office address MUST BE A STREET ADDRESS		
The special of the sp		
		<u> </u>
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	il
	Car	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.

If Changing Registered Agent, Signature of New Registered Agent

Page: .6 10/5/2023 02:25 PM TO:18506176383 FROM:4074125926

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PAULO HENRIQUE	Rua General Candido Borges CB	
		420. Apt 302. Ipatinga	■ Remove
		Recife, Pernambuco 50670-170	
			☐ Remove
			☐ Change
			
			☐ Remove
			□ Change
			☐ Remove
			☐ Change
			Add
		☐ Remove	
			☐ Change
	·		
			☐ Remove
			Change

Note: If	date, if other than the date of ve date is listed, the date must be specifile the date inserted in this block does is effective date on the Departmen	filing:
	d specifies a delayed effecti Oth day after the record is fi	ive date, but not an effective time, at $12{:}01\ \text{a.m.}$ on the earlier lifed.
	10/05/2023	2023
Dated		**************************************
Dated	Star St. A. S. Sans	e of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00