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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 Phone : (407)604-6519 Fax Number

\*\*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 Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BERKEV JOLAY INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

TO:

Registration Section

## **COVER LETTER**

Division of Cor	porutions		
DCDVC)	A TOT AV INIVESTMENTS	2110	
SUBJECT: BERNEY	Name of Limi	ted Liability Company	<del> </del>
	Name of Limited Liability Company  riticles of Amendment and fee(s) are submitted for filting.    Correspondence concerning this matter to the following:    Rubern Souza		
	DECT: BERKEV JOLAY INVESTMENTS, LLC  Name of Limited Liability Company  conclosed Articles of Amendment and fee(s) are submitted for filing.  the return all correspondence concerning this matter to the following:    Ruber Souza		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Rubem Souza		
	<del></del>	Name of Person	
	MEDEIROS SOUZA COR	þ	
		Firm/Company	
	845 N GARLAND AVE, S	STE 100	
		Address	
	ORLANDO, FL 32801		
	<del></del>	City/State and Zip Code	
	contact@medeirossouza.com	n	
	E-mail address: (	to be used for future annual re	port notification)
For further information c	oncerning this matter, please c	all:	
Rubem Souza			
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addre</u> Registration		Street Add Registrat	iress: ion Section
Division of C			of Corporations
		***	0.00

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BERKEV JOLAY INVEST			_		
( <u>Name of the Limited L</u> (Å l	iability Company as it forida Limited Liability	now appears on our i Company)	ecord <u>s.</u> )		
The Articles of Organization for this Limited Liabi.  Florida document numberL17000161625	lity Company were f	iled on <u>200<b>07</b>/7</u> 28	/2017	and assigned	
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th BERKEV JOLAY INVESTMENTS, LLC					
The new name must be distinguishable and contain the words	s "Limited Liability Con	pany," the designation	"LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable	e:	<u>-</u>		28	
(Principal office address MUST BE A STREET ADDRESS)					
		<u>.                                    </u>		Y - 5 P	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u></u>	·		000	
B. If amending the registered agent and/or regi agent and/or the new registered office address b	<u>iere</u> :	ss on our records, SOUZA CORP	enter the na	me of the new registered	
Name of New Registered Agent:					
New Registered Office Address:	845 N GARLAND AVE STE 100				
		Enter Florida street		CL 22001	
	ORLAN C	IDO ity:	, Florida _	FL 32801 Zip Code	
New Registered Agent's Signature, if changing Reg	istered Agent:				
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change.	and complete perfo cred agent as provid gistered office addr	rmance of my dut led for in Chapter	ies, and I an · 605, F.S. O	i familiar with and r, if this document is	

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2022-05-05 20:02:21 GMT

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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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CORREIA CAMPOS, LEONARDO	3111 N UNIVERSITY DR STE 105 CORAL SPRINGS, FL 33065	∐Add
			Remove
			∏(Thange
AMBR	PANARIELLO GONZALEZ CAMPOS, PAULA	3111 N UNIVERSITY DR STE 105 CORAL SPRINGS, FL 33065	\ \ \ \ \
			<b>™</b> Remove
			□ Change
AMBR	Lake Begal Investments LLC	845 N GARLAND AVE STE 100, ORLANDO, Florida 32801	<b>3</b> Add
			Remove
			DChange
			□Add
			Remove
			[] Change
			□Add
			TRemove
			UChange
			□Add
			□Remove
			□ Change

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fective date, if other than the di in effective date is listed, the date must b	e specific and cannot be p	rior to date of filing.	or more than 90 day:	catter filing.) Pursuant	to 695.020
ote: If the date inserted in this bloc current's effective date on the Dep	k does not meet the app	plicable statutory	filing requirement	s, this date will not	he listed :
ecord specifies a delayed effective of is filed.	late, but not an effectiv	ve time, at 12:01 a	.m on the earlier	of: (b) The 90th da	y after th
ORLANDO	05/05/20	022			
Λ,	·	<del></del>			
1/2/-	ignature of a member or a				