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(Req	uestor's Name)	
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COVER LETTER

Division of Cor	porations		
4HOUSE L	LC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter		
ricase retain an correspo	FABIANA DE BARROS	to the following.	
		Name of Person	
	LEGIT CONSULTING SE	ERVICES LLC	
		Firm/Company	
	6200 METROWEST BLV	D 201-D	
		Address	
	ORLANDO-FL 32835		
	INFO@LEGITCS.COM	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
FABIANA DE BARROS	3	407 2852290 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing 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)

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



4HOUSE LLC

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 08/31/2017	and assigned
Florida document number L17000186258		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
·		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	City	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

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>	<u>Address</u>	Type of Action
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		WINDERMERE, FL 34786	■ Remove
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ective date, if other than the date of filing:n effective date is listed, the date must be specific and cannete: If the date inserted in this block does not meet cument's effective date on the Department of State	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 6 the applicable statutory filing requirements, this date will not be lift s records.	05.020 sted a:
record specifies a delayed effective date he 90th day after the record is filed.	, but not an effective time, at 12:01 a.m. on the ear	lier c
NOVEMBER 27TH 20	018	
C1 /-		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00