

U7000214036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500315225305

07/09/18--01013--028 **25.00

FILED

18 JUL -9 PM 3:37

SECRETARY OF STATE
100 N. GOVERNMENT STREET
ANN ARBOR MI 48106

κ SALY

JUL 16 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WE DO FOR YOU INVESTMENTS LLC
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:

MARIA C SOUSA

Name of Person

SOUSA & ASSOCIATES INC

Firm/Company

7345 W SAND LAKE RD, STE 304

Address

ORLANDO, FL 32819

City/State and Zip Code

CAROL@SOUSANASSOCIATES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA C SOUSA

at 407 800-7028

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:
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**

FILED
10 JUL -9 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE DO FOR YOU INVESTMENTS 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 ~~10/05/2016~~ 10/16/2017 and assigned Florida document number ~~L16000185433~~ L17000214036

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2495 SAWDUST RD

APT 2443

SPRING, TX 77380 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2495 SAWDUST RD

APT 2443

SPRING, TX 77380 US

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

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>	<u>Type of Action</u>
AMBR	SAULO DE SOUZA, DEMETRIO	2495 SAWDUST RD	<input checked="" type="checkbox"/> Add
		APT 2448	<input type="checkbox"/> Remove
		SPRING, TX 77380	<input checked="" type="checkbox"/> Change
AMBR	CORREA DE SOUZA, VIVIANE	2495 SAWDUST RD	<input type="checkbox"/> Add
		APT 2448	<input type="checkbox"/> Remove
		SPRING, TX 77380	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
18 JUL 9 PM 3:38
TAMU

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
JUL 9 PM 3:38
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
16

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 28, 2018

Signature of a signer or authorized representative of a member

DEMETRIO Y SAULO DE SOUZA

Typed or printed name of signee