# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H190002174203)))



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **INVESTEUA LLC**

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July 19, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INVESTEUA LLC 1100 SOUTH FEDERAL HWY SUITE 706 DEERFIELD BEACH, FL 33441

SUBJECT: INVESTEUA LLC REF: L17000237773

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Name unavailable, conflict document number is P98000070200.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline Regulatory Specialist III FAX Aud. #: H19000217420 Letter Number: 519A00014711

# H19000217420 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVESTEUA LLC				
(Name of the Limited Liability Co	mpany as it now appears on our : ited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Comp  Florida document number L17000237773	any were filed on 11/17/2017	and	l assign	led
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
EDUARDO ASSUNCAO LLC				
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation	"LLC" or the abbreviation	TL.L.C	, ,,
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	5)	<u></u>	19	
		J. A.F.	<u>=</u>	
		امين. سن	2	
Enter new mailing address, if applicable:			<u>ယ</u> ——	1
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	<u> </u>
		ر دا <sup>۳۰</sup> پستان	Ċ.	آفلسه 
		SA	09	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our re <u>bere</u> :	ecords, enter the na	me of	the nes
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street	address		
		. Florida		
	City	Zip C	ode	
New Decistered Anent's Signature, if shanging Registered As	ent:			

#### 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

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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 = M AMBR = A	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			C Add
			□ Remove
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·			☐ Add
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