# 118000002077

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	,
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N COOPER APR 04 2019

#### **COVER LETTER**

то:		istration Sec ision of Corp				
CUB	n can	SDS INOV	ATION, LLC			
SUBJ	ECT:		Name of Lim	ited Liability Company		
The e	nclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	e return	all correspor	idence concerning this matter	to the following:		
			Alexandre Pereira da Cu	unha		
				Name of Person		
			SDS INOVATION, LLC			
				Firm/Company		
			9500 SW 3rd St, Apt A2	12		
				Address		
			Boca Raton, FL 33428			
SUBJECT The enclos Please retu  For further Helton Ch			City/State and Zip Code			
			E-mail address: (	to be used for future annual report notific	ation)	
For fu	ırther ir	nformation co	ncerning this matter, please ca	all:		
Helto	n Chir	icho		561 5843761		
		Name of	Person	Area Code Daytime	l'elephone Number	
Enclo	sed is a	check for the	e following amount:			
□ \$2	25.00 F	iling 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

SDS INOVATION, LLC		
( <u>Name of the Limited Liab</u> (A Flori	l <mark>ity Company as it now appears on our records.</mark> da Limited Liability Company)	<u>.</u>
The Articles of Organization for this Limited Liability Florida document number L18000002077	Company were filed on 01/03/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
N/A		
The new name must be distinguishable and contain the words "Li	mited Liability 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 ADD	ORESS)	SE TAL 18
		APR
Enter new mailing address, if applicable:	N/A	ARY O ASSEE -2 P
(Mailing address MAY BE A POST OFFICE BOX)		T FS
		TATE DRIDA
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent: N/A		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
		rida
	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>	Name	Address	Type of Action
AMBR	Carlos Eduardo Meneguesse Andrade	8600 Commodity Cir, Ste 121 Office 814 Orlando, FL 32819	
			Remove
			Change
			Add
		<del></del>	□ Remove
			Change
			🖸 Add
			☐ Remove
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(If an e <b>Note</b>	tive date, if other than the date of filing:	to 605.02 be listed	207 ( as 1
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	earlier	of:
Date	March 13, 2018.		

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Typed or printed name of signee

Filing Fee: \$25.00