

L18000044833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

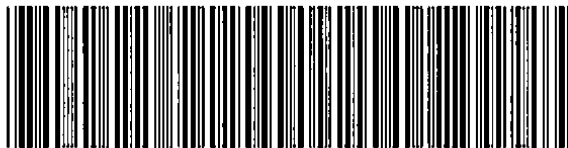
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED

2021 OCT 25 AM 8:39

CLERK OF STATE
TALLAHASSEE, FL

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2021 OCT 25 PM 3:02

CLERK OF STATE
TALLAHASSEE, FL

Y SULKER

OCT 26 2021

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 10/25/2021

PRIORITY Regular Approval

OUR REF. # (Order ID#) 962018

ORDER ENTITY

PRIDE ONE SOLUTIONS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

PRIDE ONE SOLUTIONS LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

Email address for annual report reminders: vinicius@bicalho.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PRIDE ONE SOLUTIONS 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 February 19, 2018 and assigned
Florida document number L18000044833.

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:

7680 UNIVERSAL BLVD STE 210

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32819

Enter new mailing address, if applicable:

7680 UNIVERSAL BLVD STE 210

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32819

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:

BICALHO BUSINESS, LLC

New Registered Office Address:

7680 UNIVERSAL BLVD STE 210

Enter Florida street address

Orlando

Florida

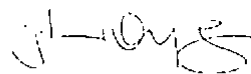
32819

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

[illegible]

[illegible]

(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)

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 October 22nd, 2021

Signature of a member or authorized representative of a member

CARLOS AUGUSTO DOS SANTOS

Typed or printed name of signee

Filing Fee: \$25.00