L18000163399

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone i	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	=)
(Do	ocument Number)	
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COVER LETTER

	tegistration Solivision of Con				•
SUBJECT		RTS & SERVICES LLC			· 'b
.700a(5Q)	·	Name of Lin	nited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	ırn all correspo	ondence concerning this matter	to the following:		
		NILTON FREGNI			
			Name of Person		-
		EXPAT CONSULTING C	ORP		
		8615 COMMODITY CIRC	Firm/Company CLE, SUITE 11	· · · · · · · · · · · · · · · · · · ·	
		ORLANDO - FL - 32.819	Address		
		ACC@EXPATCONSULTI	City/State and Zip Code NG.COM		- 1 J 8 9
			to be used for future annual repo	rt notification)	σ ⁻
		concerning this matter, please co	ali:		
NILTON I	<u> </u>		407 745.11 at ()		
	Name o	f Person	Area Code D	aytime Telephone Number	r
Enclosed is	s a check for th	he following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed) Certified	ite of Status &

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

FW IMPORTS & SERVICES LLC

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L18000163399}{L18000163399}$.	y were filed on $\frac{07/05/2018}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
registered agent and/or the new registered office address her	<u>·e</u> :
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent	City Zip Code
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
	inging Registered Agent, <u>Signature of New Registered Agent</u>

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	OLIVEIRA PERRÔNE, MARILENE		Add
			■ Remove
			Change
AMBR	COSTA DOS SANTOS. BERENICE	RUA GENERAL FLORES, 178	= Add
		SAO PAULO - SP - 01129-010	
			☐ Remove
		BRAZIL	☐ Change
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ote: If the date insert	than the date of filing: I, the date must be specific and cannot be prior to date of filing the date in this block does not meet the applicable statutor ate on the Department of State's records.	(optional gor more than 90 days after filling requirements, this days	il) ng.) Pursuant to 605.0 ite will not be listed
e record specifies The 90th day aft	a delayed effective date, but not an effec er the record is filed.	tive time, at 12:01 a.n	n. on the earlier
	05/15 2019		
ated	Signature of a member or authorized represe		