1800186762

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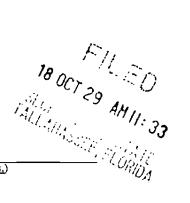
COVER LETTER

TC		Section Corporations		
C.		ROS & BEZERRA LLC		
SU	ВЈЕСТ:	Name of Lim	ited Liability Company	
The	e enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Ple	ase return all corre	spondence concerning this matter	to the following:	
		CARLOS EDUARDO DE	MEDEIROS BEZERRA	
			Name of Person	
			Firm/Company	
		1507 S HIAWASSEE RD	SUITE 213	
			Address	
		ORLANDO FL 32835		
		JULIANAMGAVIAO@HC	City/State and Zip Code TMAIL.COM	
		E-mail address: (to be used for future annual report notif	ication)
For	further informatio	n concerning this matter, please ca	all:	
JU	LIANA KARFITS.	AS	321 4365110 at()	
	Nam	e of Person		: Telephone Number
Enc	closed is a check fo	r 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



MEDEIROS & BEZERRA 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 I	iability Compan	y were filed on 08/03/2018	and assigned
Florida document number L18000186762	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
NONE	name of the limited liability company here: ain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." SAME STREET ADDRESS)		
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SAME	
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:		SAME	
B. If amending the registered agent and registered agent and/or the new registered of			cords, enter the name of the new
Name of New Registered Agent:	SAME		
New Registered Office Address:			
		Enter Florida street	address
			, FloridaZip Code
		•	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>	
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	e performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

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>	Address	Type of Action
MGR	DAVID PIRES BEREZZA JR	2904 EDENSHIRE WAY UNIT 20-106 KISSIMMEE FL 34746	
			Add
			□ Remove
			Change
			Add
			☐ Remove
			□ G ha nge
			POCT AND THE
			Add Remove
			G Change
			<i></i> □ Add
			Remove
			☐ Change
			Add
			Remove
			Change
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			Change

DAVID PIRES BEZZERA JR 30% RICARDO LUIZ DE MEDEIROS BE	EZERRA 35%	-
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tive date, if other than the date of	filing: (optional)	
If the date inserted in this block does	fic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 inot meet the applicable statutory filing requirements, this date will not be list	5.0207 ted as
ment's effective date on the Departmen		
cord specifies a delayed effecti	ive date, but not an effective time, at 12:01 a.m. on the earli	ier of
e 90th day after the record is fi		
OCTOBER 30	2018	
	- $$	

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Typed or printed name of signee

Filing Fee: \$25.00