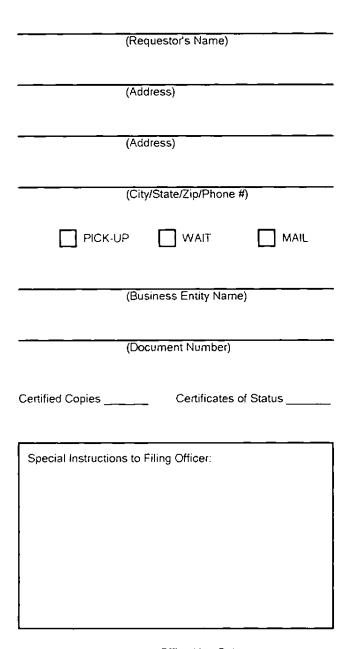
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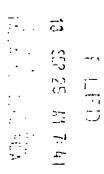


Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor					
	UCAS, LLC				
SUBJECT:	Name of Lim	ited Liability Company	 		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	FABIANA DE BARROS				
		Name of Person			
	LEGIT CONSULTING SERVICES, LLC				
		Firm/Company			
	6200 METROWEST BLVD 201-D				
		Address			
	ORLANDO-FL 32835				
	INFO@LEGITCS.COM	City/State and Zip Code			
	E-mail address: (to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please ca	all:			
FABIANA DE BARRO	S	407 2852290 at ()			
Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for the	ne 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

G.R REBOUCAS, LLC		
(Name of the Limited Liability C (A Florida Lir	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com	pany were filed on 09/14/2018	and assigned
Florida document number L18000219178		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		
Enter new mailing address, if applicable:	N/A	5
(Mailing address MAY BE A POST OFFICE BOX)		1 23 m
		المجيد المراق
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ecords, enter the name of the nev
registered agent and/or the new registered office address	s nere.	
Name of New Registered Agent:		
New Registered Office Address:		
the registered office ridgess.	Enter Florida street	address
		, Florida
	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	RICARDO REBOUCAS	5297 VINELAND RD ORLANDO, FL 32811	Add
			□ Remove
			Change
.			Add
			☐ Remove
			<u>ट</u> □ Change
			CLI Change
			Remove
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			□ Remove
			Change

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fective date, if other than the date of filing: un effective date is listed, the date must be specific and cannot be prior to date.	(optional)
ote: If the date inserted in this block does not meet the applicable s	e of filing or more than 90 days after filing.) Pursuant to 605.020 statutory filing requirements, this date will not be listed a
ecument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of
SEPTEMBER 18TH 2018	
CEDTEL ADED 10TH	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00