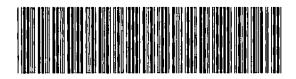
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(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
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2020 SEP 11 AM 8: 56 SECRETARY OF STATE

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COVER LETTER

TO:	Registration S Division of Co			
SUBJE		SUETUGO ENTERPRISES L	J.C	
SUBJE	CI: <u>-</u>	Name of Lin	nited Liability Company	
The enc	losed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		LUCAS FADEL MONTE	IRO DOS SANTOS	
			Name of Person	
			Firm/Company	
		2622 SUNRISE SHORES	DRIVE	
			Address	
		KISSIMMEE FL 34747		
		JULIANAMGAVIAO@HG	City/State and Zip Code	
			to be used for future annual report noti	fication)
For furth	ner information of	concerning this matter, please c	all:	
IULIAN	IA KARFITSAS	S	321 4365110	
	Name o	of Person	at () Area Code Daytimo	e Telephone Number
Enclosed	d is a check for t	he following amount:		
≡ \$25	.00 Fiting 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		Street Address:	

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FADEL & SUETUGO ENTERPRISES LLC

2020 SEP 11 AM 8: 56

(Name of the Limited Liability Company as it now appears on our records: Y OF STATE (A Florida Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{11/26/2018}{1}$ _____ and assigned Florida document number L18000272218 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SAME The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." SAME Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SAME Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: SAME Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

____, Florida ___

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	MARIANA SAAD DE CARVALH	AV SAO JOAO 2380, APT 172-4	= Add
		SAO JOSE DE CAMPOS SP 12224-000	□Remove
			□ Change
			□ Add
		- <u></u>	□Remove
			□Change
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Effective date, if oth fan effective date is liste Note: If the date inser	d, the date must be:	specific and o	cannot be pric	r to date of filir	ng or more than	(option	ial) ling.) Pursuant to d	505.0207
locument's effective of	late on the Depar	timent of Sta	ate's record	S.	y ming requi	ements, this c	iate will not be	isicu as
	ayed effective da	te, but not a	n effective	ime, at 12:01	a.m. on the e	arlier of: (b)	The 90th day a	fter the
record specifies a del d is filed.								
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d is filed.	08	·	2020	<u></u>				
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