## 119000018504

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(City/State/Zip/Phone #)
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(Document Number)
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## **COVER LETTER**

Dsouza con SUBJECT:	struction llc		
30bJEC1.	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:	
	elidiekson diego souza		
		Name of Person	<del></del>
		Firm/Company	
	4760 silver birch way		
		Address	
	orlando fl 32811		
	-	City/State and Zip Code	
	elidiekson@hotmail.com		
	E-mail address: (	to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
elidiekson diego souza	at ( )		
Name o	f Person	Area Code Dayti	me 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)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Addres	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

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

Dsouza construction lle		
(Name of the Limited Liability Con (A Florida Limit	n <mark>pany as it now appears on our records.</mark> ed Liability Company)	)
The Articles of Organization for this Limited Liability Compa	ny were filed on 01/16/2019	and assigned
lorida document number L19000018504		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	ability company here:	
Osouza enterprise Ile		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		23 J
Principal office address MUST BE A STREET ADDRESS		
		0 23
	-	<b>A</b>
nter new mailing address, if applicable:		<b>二</b> 数
Mailing address MAY BE A POST OFFICE BOX)		——————————————————————————————————————
valuing dudress MAT BE A FOST OFFICE BOX		
3. If amending the registered agent and/or registered offic	ce address on our records, enter t	he name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	
hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a peing filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my duties, and is provided for in Chapter 605, F	d I am familiar with and .S. Or, if this document i

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>	Name	Address	Type of Action
			□Remove
			Change
			□Add
			□Remove
		·	□Change
			□Add
			□Remove
			Change
			□ Add
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	JUN 20	] 
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<del></del>	**	1. 55
	27	
Tective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more te:  If the date inserted in this block does not meet the applicable statutory filing returnent's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on is filed.	the earlier of: (b) The 90th day afte	r the
ted $\frac{06/14}{2}$ , $\frac{2023}{2}$ .		
Signature of a member or authorized representative of	a member	