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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDETROS SOUZA CORP

Account Number : I20190000068

Phone : (407)326-8484 Fax Number : (407)604-6519

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_Contact@medeirossouza.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M&D BUSINESS, LLC

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TO:

Registration Section

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **COVER LETTER**

1715 ISIOH OF COL	rporations		
M&D BUS	INESS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rubem Souza		
	······································	Name of Person	
	Medeiros Souza corp		
		Firm/Company	<del></del>
	1711 Amazing Way, Ste 2	13	
		Address	
	Ococc, FL 34761		
		City/State and Zip Code	<del></del>
	contact@medeirossouza.com		
For further information c	Fmail address; ( oncerning this matter, please o	to be used for future annual report notific	cation)
	concerning this matter, preuse co		
Rubem Souza		at () 326 - 8484 Area Code Daytime	
Name o	f Person	Area Code Daytine	l'elephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MailingAddres Registration S		<u>StreetAddress:</u> Registration Secti	ion
Division of C		Division of Corpo	
P.O. Box 632	7	The Centre of Tal	

To:

If Changing Registered Agent. Signature of New Registered Agent

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&D BUSINESS, LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited L	ny as it now appea nability Company)	us on our records.)	<del></del>	
The Articles of Organization for this Limited I Florida document number				and assigned	
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liabi	lity company h	<u>ere</u> :		
The new name must be distinguishable and contain the v	words "Limited Liabili	ity Company," the o	designation "LLC" or the abl	reviation "L.L.C."	
Enter new principal offices address, if applicable: 1711 Amazing Way Ste 2		Way Ste 213 B. Ococe, F.	213 B. Ococe, FL 34761		
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or to agent and/or the new registered office address.	registered office a		Way Ste 213 B, Ocoee, Fl		
			Ü	2023	
Name of New Registered Agent:	Medeiros Souza Corp				
New Registered Office Address:	1711 Amazing Way, Ste 213			5. 20	
		Enter Flo	rida street address	φ <u>r</u>	
	Осоес	<del></del>	Florida <sup>3470</sup>	61 0 0	
New Registered Agent's Signature, if changing	Registered Agent:	City	  •.	Zip <u>C</u> ude  	
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete pistered agent as progistered office of the control of the contro	performance of rovided for in (	fmy duties, and Lam fo Chapter 605, F.S. Or, i	miliar with and f this document is	

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
MGR	SOUZA, JOAO	1711 Amazing Way Ste 213 B. Ococe, FL 34761	<b>■</b> Add
			□Remove
			□Change
AMBR	Empire Souza Group LLC	1711 Amazing Way Ste 213 B, Ocoee, FL 34761	<b>=</b> Add
			□Remove
			□ Change
AMBR	Marcos Santos Alvino	9160 Morgana Ct, Winter Garden, FL 34787	🗆 Add
			<b>≅</b> Remove
			□Change
			Remove
			□Change
			□Add
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			□Add
		<del></del>	□Remove
			□ Chagain

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ective date, if other than the effective date is listed, the date mee: If the date inserted in this burnent's effective date on the I	ust be specific and cannot block does not meet t	ot be prior to date ( he applicable sta	f filing or more than	(optional 90 days after filing tements, this date	i.) Pursuant to 605.02
cord specifies a delayed effecti filed	ve date, but not an et	Tective time, at 1	2411 am on the e	arlier of: (b) T	he 90th day ofter th
ed Orlando	. 03	/06/2023			
* * · · <u> </u>					
(L	Signature of a memb				