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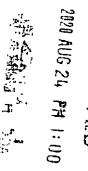
(Requestor's Name)
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**Department of State** 

**Division of Corporations** 

**Stealth Courier LLC** 

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

## **Stealth Courier Box**

Company: MS SCHULTZ LLC

Requester: Corp. Services

## **COVER LETTER**

TO: Registration Se Division of Cor			
	LTZ I.I.C		
SUBJECT:	Name of Lim	ited Liability Company	
(additional copy is enclosed) Certified Copy			
Please return all correspo	ondence concerning this matter	to the following:	
	CARLA MARCELO		
		Name of Person	
	CORP SVCS INTL		
		Firm/Company	
	7050 W PALMETTO PAR	RK ROAD, STE 15300.	
		Address	
	BOCA RATON FL 33433		
		City/State and Zip Code	
For further information c			(fication)
	,	561 403 9084	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
<u>Mailing Addres</u> Registration 3		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632		The Centre of 7	
Tallahassee,	FL 34314	Z415 IV. MONTO	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MS SCHULTZ LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

ted Liability Company)		
any were filed on <u>FEI</u>	3RUARY 22, 2019	and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  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 register agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		
liability company he	<u>re</u> :	
iability Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
		<u> </u>
<u> </u>	<u></u>	
<del></del>		
ice address on our re	ecords, <u>enter the nam</u>	e of the new registere
Enter Flor	ida street address	
	. Florida	
City		Zip Code
ent:		
agree to act in this o	capacity. I further ag	ree to comply with the
	iability company he iability Company," the de	iability company here: iability Company," the designation "LLC" or the ab

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>	Address	Type of Action
DIR	COELHO, RODRIGO	RUA PROFESSORA DELPHINA FERRARI 271	□Add
		SAO PAULO	■Remove
		011200333 BR	
MGR	FRANCO, WALTER J	19712 DINNER KEY DR.	
		BOCA RATON FL 33498	
			□Add
			🗆 Remove
			□Change
			□Add
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Effective date, if other than the	date of filing:		(optional)	505 O
f an effective date is listed, the date mus Note: If the date inserted in this blo	t be specific and cannot be prior to ock does not meet the applicat	date of thing or more than ble statutory filing requir	ements, this date will not b	e listed
document's effective date on the De	epartment of State's records.			
e record specifies a delayed effective	e date, but not an effective tim	e, at 12:01 a.m. on the e	arlier of: (b) The 90th day	/ after tl
d is filed.				
AUGUST 22	2020			
latad		~ <b>.</b>		
Dated	· · · · · · · · · · · · · · · · · · ·			
/ \ \	)[) )[)			
)	Signature of a member or authori	zed representative of a mer	mber	<del></del>

Filing Fee: \$25.00