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T. MATTHEWS JAN 28 2022

COVER LETTER

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SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	m all correspo	ndence concerning this matter	to the following:	
		JACYR ROBERTO TON	Α	
			Name of Person	
		TONA E FIGUEIREDO S	SERVICES LLC	
			Firm/Company	
		12868 GETTYSBURG CI	R	
			Address	
		ORLANDO, FL 32837		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		EUPEDALANDO@GMAI		
		E-mail address: (to be used for future annual report n	otification)
For further	information c	oncerning this matter, please c	all:	
JACYR R	ОВЕ <mark>Т</mark> ТО ТО	NA	631 542-3606 at ()	
	Name o	f Person	Area Code Days	time Telephone Number
Enclosed is	a check for th	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)
	ailing Addres		Street Address:	
	egistration S		Registration ! Division of C	
	O. Box 632	orporations 7	The Centre o	•
	allahassee, I		2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 21 M 8: 30 OF

ty Company as it now appears on our records. Limited Liability Company)	
ompany were filed on 03/08/2019	and assigned
<u>_</u> ·	
ited liability company here:	
ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
<u> </u>	
d office address on our records, <u>enter t</u>	he name of the new registo
Enter Florida street address	
r)	_•.a.
, F10	rida Zip Code
	ompany were filed on 03/08/2019 ited liability company here: ited Liability Company." the designation "LLC" EESS) Enter Florida street address , Flo

New Registered Agent's Signature, if changing Registered Agent:

! 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 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
MGR	THIAGO TONA	12868 GETTYSBURG CIR	
		ORLANDO, FL 32837	□Remove
			☐ Change
MGR	MATHEUS TONA	12868 GETTYSBURG CIR	≣Add
		ORLANDO, FL 32837	□Remove
			☐ Change
MGR	ARTHUR TONA	12868 GETTYSBURG CIR	
		ORLANDO, FL 32837	□Remove
			Change
			□Remove
			①Change
			□Add
			□Remove
			Change
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