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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

Registration Section

TO:

Division of Cor	rporations			
	SA SERVICES LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Solange Barrozo Martins			
		Name of Person		
	EMPIRE USA SERVICES	SILIC		
		Firm/Company		:
	1150 NW 49th Street			22 AU
		Address		IG 3 ₁
	Deerfield Beach FL 33064	ı		0 7
	solangeamorim19@gmail.c	City/State and Zip Code		22 AUG 30 AH 10: 35
		to be used for future annual report no	tification)	Ω.
For further information c	oncerning this matter, please c	all:		
Solange Martins		1 954604517		
Name o	f Person	Area Code Daytii	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)	☐ \$60.00 Filing F Certificate of \$ Certified Copy (additional copy is	Status &
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Co		
P.O. Box 632		The Centre of		
Tallahassee, l	11. 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{03/1}{1}$ Florida document number $\frac{1.19000069130}{1.19000069130}$.	1/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	22
	AUG
	30 Fig.
Enter new mailing address, if applicable:	20 12 12 12 12 12 12 12 12 12 12 12 12 12
(Mailing address MAY BE A POST OFFICE BOX)	10
	<u>မှ </u>
B. If amending the registered agent and/or registered office address on our rec agent and/or the new registered office address here:	ords, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florid	la street address
	Florida

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

EMPIRE USA SERVICES LLC

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

Zip Code

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	Kalel Martins Amorim	1150 NW 49th Street Deerfield Beach FL 33064	
			□Remove
			□Change
			□Add
			□Remove
			□Change
	-		□Add
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fective date, if other than th	e date of filing:	(optional)	
in effective date is listed, the date m	ust be specific and cannot be prior to date c	of filing or more than 90 days after filing.) I stutory filing requirements, this date w	
ocument's effective date on the			
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is filed.	ve date, but not an effective time, at 1	12:01 a.m. on the earlier of: (b) The	90th day after the
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ated	Signature of a member or authorized re	presentative of a member	