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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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COVER LETTER

| TO: Registration Se Division of Cor | ection rporations | | | |
|--|--|---|---|----------------------|
| RLO SOLI | UTIONS, LLC | | | |
| SUBJECT: 4 | 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: | | |
| | OTAVIO COUTINHO DU | JRAES | | |
| | | Name of Person | | |
| | RLO SOLUTIONS, LLC | | | |
| | · · · · · · · · · · · · · · · · · · · | Firm/Company | | 5. 2 |
| | 4745 CASON COVE DR | #2107 | | 2020 OCT -1 AM 9: 38 |
| | | Address | | SARY CITY |
| | ORLANDO, FL 32811-63 | 68 | | - XX 0: - |
| | | City/State and Zip Code | | |
| | Suaopcao@icloud.com | | | |
| | | to be used for future annual report notifi | cation) | · & |
| For further information c | oncerning this matter, please ca | all: | | |
| SERGIO SOUZA | | 321 310-2415 at () | | |
| Name o | f Person | | Telephone Number | |
| Enclosed is a check for the | he 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 Certificate of Certified Cop. (additional copy | Status & y |
| Mailing Address Registration S | | Street Address: Registration Sec | tion | |
| Division of C | Corporations | Division of Corp | orations | |
| P.O. Box 632 | .7 | The Centre of Ta | illahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| | | | | | _ |
|------|----------|-------|----------|-----|---|
| ואוט | COL | 1 177 | IONS. | 1 1 | _ |
| | . 11 / 1 | .1 | 11.717.7 | | |

| (Name of the Limited Liability Company as it now appears on our rec | |
|--|---------|
| | |
| HVAIRE OF THE LIMITED LIBIBILY CHIMDARY BY IT HOW UNDOUGE AN OUR PAC | meric l |
| Canada and Britisha Brandites Company as it from appears on our rec | UI U.S. |
| | |
| (A Florida Limited Liability Company) | |

| The Articles of Organization for this Limited Lia | ability Company | were filed on APRIL 23, 2019 | and assigned |
|--|---------------------|---|---------------------------|
| Florida document number L19000110451 | | | |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | |
| The new name must be distinguishable and contain the wo | ords "Limited Liabi | lity Company," the designation "LLC" or the | abbreviation "L.L.C |
| Enter new principal offices address, if applica | ble: | | |
| (Principal office address MUST BE A STREET | ADDRESS) | 4745 Cason Cove dr # 2107 | |
| | | Orlando, FL 32811-6368 | 4- |
| | | | |
| Enter new mailing address, if applicable: | | 4745 Cason Cove Dr # 2107 | 38 % , |
| (Mailing address MAY BE A POST OFFICE BOX) | | Orlando, FL 32811-6368 | |
| | | | |
| B. If amending the registered agent and/or re agent and/or the new registered office address Name of New Registered Agent: | here: | nddress on our records, enter the na | ume of the new registered |
| N. B. i. Joseph | 4745 Cason Co | vo Dr # 2107 | |
| New Registered Office Address: | | Enter Florida street address | |
| | | | |
| | Orlando | , Florida : | 24011 6260 |

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 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 |
|--------------|-------------------------------|--------------------------|--|
| AMBR | RODRIGO DIAS TERCERO DE SOUZA | 4140 MIDDLEBOORK RD #812 | □Add |
| | | ORLANDO, FL 32811 | Remove |
| | | | □ Change |
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| | | | □Remove |
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| A 1 | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | |
|--------------------------------|---|-------------------------|--------------|
| <u>A.</u> | RTICLE VI - This Limited Liability Company will conduct any and all lawfull business and | - | |
| <u>ac</u> | tivities not forbidden by Florida laws or any other law, to carry out said purposes in Florida | _ | |
| .an | d in any state or territories of the United States. | - | |
| Al | RTICLE VII - The member OTAVIO COUTINHO DURAES will have 51% of the shares | - | |
| an | d the member LUIS OTAVIO FLORES BACCI DURAES will have 49% of the shares. | - | |
| _ | | - | |
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| (If an effecti Note: If | date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list it's effective date on the Department of State's records. | 5.0207 (3) ed as the |)(b) c |
| the record s cord is filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | r the | |
| Dated | September 28, 2020 | | |
| | wes 9 | | |
| | Signature of a member or authorized representative of a member | | |
| | OTAVIO COUTINHO DURAES | | |

Filing Fee: \$25.00