To: 18506176383

From: RUBEM SOUZA

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

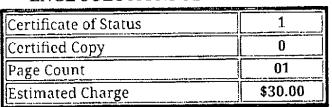
Account Name : MEDEIROS SOUZA CORP

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.

adm@medeirossouza.com Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ENGE SOLUTIONS SERVICES LLC



JUL 2 3 2021

A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Se Division of Cor				
	UTIONS SERVICES LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
	ondence concerning this matter			
	THAYS KLOPPERS			
		Name of Person		
	MEDEIROS SOUZA COR	rp.		
		Firm/Company	21 JU	
	845 N GARLAND AVE, S	TTE 100	21 JUL 22	
		Address		
	ORLANDO, FL 32801		PH 3: 13	
		City/State and Zip Code		
	adm@medeirossouza.com			
		to be used for future annual report notifi	cadon)	
	concerning this matter, please c			
Thays Kloppers		407 326-8484 at ()		
Name o	d Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>MailingAddre</u> Registration	Section	StreetAddress: Registration Sec		
Division of Corporations		Division of Corp		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Lia</u> (A Flo	bility Company orida Limited Lia	as it now appears on ou officy Company)	r records.)	
The Articles of Organization for this Limited Liability Florida document number 1.19000114063	y Company w	ere filed on <u>04/26/201</u>	9	and assigned
This amendment is submitted to amend the following	j.			
A. If amending name, enter the new name of the l	limited liabilit	ty company here:		
2PA contractors LLC				
The new name must be distinguishable and contain the words "	Limited Liability	Company," the designat	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		845 N GARLAND AV	E STE 100	
Principal office address MUST BE A STREET ADDRESS		ORLANDO, FL 32801		21 Ju
	-			<u> </u>
				-cof
Enter new mailing address, if applicable:	-			<u>~</u>
(Mailing address MAY BE A POST OFFICE BOX)		· -		<u> </u>
				<u> </u>
B. If amending the registered agent and/or registe agent and/or the new registered office address her	<u>re</u> :		s, <u>enter the nam</u>	e of the new register
Name of New Registered Agent: MH	MEDEIROS SOUZA CORP			
New Registered Office Address: 84.	5 N GARLANI	AVE, STE 100		
		Enter Florida stre	et address	
OF	RLANDO		Florida	801
				Zip Code

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.

To: 18506176383 • Page: 7 of 8 2021-07-22 14:22:37 UTC 14076046519 From: RUBEM SOUZA

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
			□Add
			□Remove
			☐ Change
		-	QAdd
			□Remove
			Change
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ffective date, if other than the date an effective date is listed, the date must be sp	of filing:		(optional)	~	Ξ
Sote: If the date inserted in this block do locument's effective date on the Department	oes not meet the applica	able statutory filing r	equirements, this date will	not be listed	as the
record specifies a delayed effective date d is filed	, but not an effective to	me, at 12 01 a.m. on	the earlier of: (h) The 90	th day offer th	10
OREANDO	07.22.2021				
Λ.,	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Signa	ture of a member or autho	orized representative of	a member		