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.

(((H20000334468 3)))



H200003344683ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000058 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.

Email Address: adm@medeirossouza.com_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNIQUE BUSINESS & INVESTMENTS LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

Y SHILKER

SEC 2 8 2220

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	gistration Sec vision of Corp					
cun irct.		JSINESS & INVESTMENTS	LLC			
SUBJECT:		Name of Limi	ted Liability Company	<u></u>		
The enclose	ed Articles of A	Amendment and fee(s) are sub-	nitted for filing.			
Please retur	n all correspor	ndence concerning this matter	to the following:			
		RUBEN SOUZA				
		· · · · · · · · · · · · · · · · · · ·	Name of Person			
		MEDEIROS SOUZA COR	P			
			Firm/Company			
		845 N GARLAND AVE, S	TE 100			
			Address			
,		ORLANDO, FL 32801				
			City/State and Zip Co	xle	·	
		ruben@medeirossouza.com	to be used for future and		tion)	1 - 1
				nar rejent nounce	non) · · · · · · · · · · · · · · · · · ·
For further	information co	oncerning this matter, please c	all:			
RUBEN S	OUZA		407 at (326-8484		- (.0)
	Name of	f Person	Area Code	Daytime T	elephone Number	3 (3
Enclosed is	s a check for th	e following amount:				
□ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing I Certified Cop (additional copy i	y	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	
	(ailing Addres			et Address: istration Secti	on	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIQUE BUSINESS & INVESTMENTS LLC	omnony eg if now opposes an A	ur records)	
(Name of the Limited Liability C (A Florida Lin	nited Liability Company)	, <u>(</u>	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L19000144248</u> .	pany were filed on 05/30/20	019	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 designa	ation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			·······························
(Principal office address MUST BE A STREET ADDRES	<u></u>		
			<u> </u>
			73
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our recor	ds, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	treet address	
	1371967 1 907 1810 31		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and communication accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this capo plete performance of my nt as provided for in Chap	duties, and I am fan oter 605, F.S. Or, if	uliar with and this document is
	If Changing Registered Agent,	Signature of New Regist	ered 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>	<u>Address</u>	Type of Action
AMBR	POWER AMERICA TECHNOLOG	4700 MILLENIA BLVD, STE 175	□Add
	TECHNOLOGY LLC	ORLANDO, FL 32839	■Remove
			Change
AMBR	AUGUSTO CABRAL	845 N GARLAND AVE, STE 100C	≅ Add
		ORLANDO, FL 32801	□Remove
			□Add
			Remove
			□Change
			🗀 Add
			□Remove
			[]Change
			□Add
			□Remove
			Change
****			🗀 Add
			□Remove
			[]Change

		<u></u>	
			
	09/25/2020	,	(antional)
Effective date, if other than the data is listed, the date must be Note: It the date inserted in this block document's effective date on the Department.	k does not meet the applicable	ate of filing or more than 90 days statutory filing requirement	s after filling.) Pursuant to 605.0207 s, this date will not be listed as
ne record specifies a delayed effective d and is filed.	tate, but not an effective time,	at 12:01 a.m. on the earlier	of: (b) The 90th day after the
	2020		
Dated SEPTEMBER 25	 ,		
Dated SEPTEMBER 25			
Si	ignature of a member or authorize ORIZE REPRESENTATIVE	ed representative of a member	

Filing Fee: \$25.00