From: RUBEM SOUZA



2022-11-14 14.41:54 GMT

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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.

Contact@medeirossouza.com Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SANTOS IMPORT & SERVICES USA LLC

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

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Corporate Filing Menu

Help

HOV 15 2022 K. Brumble's TO:

Page: 4 of 7

Registration Section

COVER LETTER

| Division of Co | rporations | | |
|------------------------------|--|--|--|
| | IMPORT & SERVICES USA L | LC | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles o | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Rubem Souza | | |
| | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | Medeiros Souza corp | | |
| | | Firm/Company | |
| | 845 N GARLAND AVE. S | Name of Emitted Liability Company and fee(s) are submitted for filing. erning this matter to the following: Souza corp Firm/Company ARLAND AVE, STE 100 Address DO, FL 32801 City/State and Zip Code stredcirossouza.com E-mail address: (to be used for future annual report notification) is matter, please call: 407 417 Area Code Daytime Telephone Number amount: Filing Fee & Certified Copy cadditional copy is enclosed) StreetAddress: Registration Section | |
| | | Earne of Limited Liability Company (s) are submitted for filing. this matter to the following: Name of Person | |
| | ORLANDO, FL 32801 | | |
| | | - · | |
| | contact@itiedeirossouza.co. E-mail address: (| | ification) |
| For further information | concerning this matter, please c | | |
| Rubem Souza | | | |
| Name | of Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for | the following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |
| MailingAddra Registration | Section | Registration Se | |
| Division of P.O. Box 63 | Corporations 27 | | |
| Tallahassee. | FL 32314 | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

company has been notified in writing of this change.

14076046519

If Changing Registered Agent, Signature of New Registered Agent

Ta:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SANTOS IMPORT & SERVICES | | | | | |
|--|--|---|--------------------------------|-------------------------|------------------|
| (Name of the Limi | ited Liability Company (A Florida Limited Lia | as it now appears on our record bility Company) | <u>~1</u> | | |
| The Articles of Organization for this Limited I Florida document number | Liability Company w | ere filed on <u>06/24/2019</u> | ; | andassign | eđ |
| This amendment is submitted to amend the fol | lowing: | | | | |
| A. If amending name, enter the new name of | of the limited liabili | ty company here: | | | |
| Simba Company LLC | | | | | |
| The new name must be distinguishable and contain the | words "Limited Liability | Company," the designation "LLC | " or the abbrevi | ation "L.L.C | |
| Enter new principal offices address, if appli | icable: | | | | |
| (Principal office address MUST BE A STRE. | ET ADDRESS) | | | | |
| | | <u> </u> | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE | <u>EBOX)</u> | | | | |
| | | | | | |
| B. If amending the registered agent and/or agent and/or the new registered office address. | | dress on our records, <u>enter</u> | the name of | the new <u>r</u> | <u>egisterec</u> |
| Name of New Registered Agent: | Medeiros Souza (| lorp | 2.3 | 2022 | |
| New Registered Office Address: | 845 N Garland A | ve STE 100 | | NO. | <u>)</u> . |
| New registered symple members | | Enter Florida street addres | s <u>2.1.</u> | 1-4 | |
| | Orlando | Fl | orida <u>32801</u> . | <u>,</u> | 360 |
| | | Сіцу | υ-Z Ω τ | ip Cla le | ا يزر |
| New Registered Agent's Signature, if changing | Registered Agent: | | - | 0 : | `- |
| I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as res- being filed to merely reflect a change in the | per and complete p gistered agent as pr | erformance of my duties, as ovided for in Chapter 605, | nd Lam fami. F.S. Or, if th | liar with a is docum | and ent is |

_____ □Remove

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 = A | lanager authorized Member | | |
|--------------|------------------------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Effective date, if other than t (If an effective date is tisted, the date in Note: If the date inserted in this | he date of filing: | .0207 (3 ed as th |
| document's effective date on the | Department of State's records. | ~ |
| ic record specifies a delayed effectord is filed | tive date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90th day after | rthe |
| Dated | 11/14/2022 | |
| Dated Crimino | | |
| | Signature of a member or authorized representative of a member | |
| Rubem Souza | | |
| | Typed or printed name of signce | |