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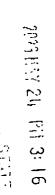
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COVER LETTER

TO:

Registration Section

Division of Co	rporations	,	
	vices Enterprise LLC		
SUBJECT:	Name of Limi	ted Liability Company	
-		su per esta	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	Marcio Rocha		
		Name of Person	
	Rocha Services Enterprise	LLC	
		Firm/Company	<u> </u>
	4206 Eastgate Dr Apt 2212	2	
		Address	
	Orlando, FL, 32839		2023 HAY
		City/State and Zip Code	
	rocha.eng.nl@gmail.com		N
	E-mail address: (to be used for future annual report notific	
For further information	concerning this matter, please c	all:	
Marcio Rocha	·	689 345-2058 at ()	
Name	of Person	Atea Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rocha Services Enterprise LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number L19000206339	There filled on $\frac{08/13/2019}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
	· 53
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation ELLC."
Pater and administration of Green address. If anyther block	
Enter new principal offices address, if applicable:	72
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
induling underess MATT DISTELLOUS OFFICE BON	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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

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 Changing Registered Agent, Signature of New Registered 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

MOIL	· · · · · · · · · · · · · · · · · · ·	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
MGR Marcio Rocha		5827 Nature View Dr. Windermere, FL 34786	□Add
			□Remove
			■Change
AMBR	Isabelle Souza Rocha	4206 Eastgate Drive Apt 2212, Orlando, FL 32839	□Add
			□Remove
			 ⊞ Change
			□Remove
			DChange
			MAdd 6
		4.	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			⊡Change

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cument's effective date on the	Department of	State's record	s.					
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record specifies a delay The 90th day after the r	ea eπective ecord is filed	uate, but n I.	ot an enect	ive uille, at	12.01 8			HCI
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	Signature of a	a member of aut	norized represei	nauve of a men	iber	· ·	<u> </u>	7

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