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NOTARY OF STATE

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## **COVER LETTER**

TO:		ition Sect of Corp				
		ssandro E	De Sousa LLC			
SUBJE	CT:		Name of Limit	ed Liability Company		
The encl	losed Art	icles of A	imendment and fee(s) are subr	nitted for filing.		
			dence concerning this matter t			
			Alessandro De Sousa			
			Alessandro De Sousa LLC	Name of Person		
				Firm/Company		
			125 NE 32nd St Apt. 1906			
				Address		
			Miami FL 33137			
			listwithalessandro@gmail.co	City/State and Zip Code		Mision of John
			E-mail address: (	o be used for future annual report notific	cation)	P 30
For furt	her infori	nation co	oncerning this matter, please ca	ill:		) p
Alessan	dro De S	ousa		781 8539338 at ()		PH F: 19
		Name of	Person	Area Code Daytime	Telephone Number	9
Enclose	d is a che	eck for the	e following amount:			
\$25	.00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of State Certified Copy tadditional copy is enc	
		Registra	NG ADDRESS: ation Section n of Corporations	STREET/COURIE Registration Section Division of Corpora	)	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alessandro De Sousa LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan	ny were filed on August 30th 2019 and as	signed
Florida document number L19000221912		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "I	L.C."
Enter new principal offices address, if applicable:		<del>12</del>
(Principal office address MUST BE A STREET ADDRESS)		4. (v.
		95
	౮− ພ <sub>2</sub>	952
Enter new mailing address, if applicable:		0.4
(Mailing address MAY BE A POST OFFICE BOX)		(10m) (20m)
		22
		O C
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		of the nev
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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Alessandro De Sousa	125 NE 32nd St Apt. 1906	
		Miami FL 33137	<b>=</b> Add
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
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			Remove
			□ Change
		<del></del>	□ Remove
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<u>lote:</u> If the date:	other than the da listed, the date must b inserted in this block ive date on the Depa	k does not meet the	applicable statutor	ng or more than 90 day y filing requireme	(optional) nys after filing.) Pursuant nts, this date will not	t to 605.020 be listed as
	ifies a delayed e after the recor		out not an effec	tive time, at 1:	2:01 a.m. on the	earlier o
ated		<u></u>				

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Typed or printed name of signee

Filing Fee: \$25.00