Division of Corporat 4/26/22, 4:14 PM

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From:

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Account Name

; MEDEIROS SOUZA CORP

Account Number : I20190000068

Fax Number

: (407)326-8484

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:1

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Email Address:_

contact@medeirossouza

LLC AMND/RESTATE/CORRECT OR 1 TIAGO FERNANDEZ PLL.

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COVER LETTER

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1	TIAG	O FERNANDEZ PLLC		
SUBJECT	:		ted Liability Company	
The enclos	Division of Corporations UBJECT: TIAGO FERNANDEZ PLLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filting. The enclosed Articles of Amendment and fee(s) are submitted for filting. The enclosed Articles of Amendment and fee(s) are submitted for filting. Ruhem Souza Name of Person MEDEIROS SOUZA CORP Firm/Company 845 N GARLAND AVE, STE 100 Address ORLANDO, FL 32801 City/State and Zip Code contact@medeirossouza.com E-mail address: (to be used for fature annual report r. iffeation) For further information concerning this matter, please call: Rubem Souza Area Code Dayd to Telephone Number Cinclused is a check for the following amount: Sinclused is a check for the following amount: Sizes Souza So			
	TIAGO FERNANDEZ PLLC Name of Limited Liability Company TIAGO FERNANDEZ PLLC Name of Limited Liability Company TIAGO FERNANDEZ PLLC Name of Limited Liability Company To the content of the concerning this matter to the following: Robert Souza Name of Person MEDIEROS SOUZA CORP Firm/Company 845 N GARLAND AVE, STE 100 Address ORLANDO, FL 32801 City/State and Zip Code contact@medeirossouza.com E-mail address: (to be used for future annual report r. offeation) further information concerning this matter, please call: em Souza Name of Person Area Code Dayfive Telephone Number S25,00 Filling Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailling Address: Street Address:			
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		MEDEIROS SOUZA COR	P	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		845 N GARLAND AVE, S	STE 100	
			Address	· .
		ORLANDO, FL 32801		
		contact@medeirossouza.co	·	
				: ification)
For further	information co	oncerning this matter, please ea	all:	
Rubem So	uza			
	Name of	Person	Area Code Day	tive Telephone Number
Enclosed :	s a check for th	ne following amount:		
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l,	O. Box 632	7	The Centre of	f Callahassee
Ί	'allahassee, l	FL 32314	2415 N. Mor Tallahassee,	

14076046519

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIAGO FERNANDEZ PLLC			
(Name of the Limited Liability Company (A Florida Limited Liab	as it new appears bility Company)	on our records,)	
The Articles of Organization for this Limited Liability Company we	ere filed on	10/17/2019	and assigned
Florida document number <u>L19000251221</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	ty company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company," the de-	signation "LEC" or the abbrev	zintion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
vo a servicio de la constitución			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our re	cords, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			·
New Registered Office Address:			
	Enter Flori	da street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ĺ		202
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of a covided for in C	rry aunes, and 1 am jan Thapter 605, F.S. Or,Sf	ntiar <u>sg</u> in and this decument is

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

Page: 6 of 7

<u>Title</u>	Name	Address	Type of Action
AMBR	Sarah Viana Cohim	14092 MILLINGTON ST.	• Add
		ORLANDO, FL 32832	Remove
		•	DChange
			□Remove
		<u></u>	□ Change
			□Add
		<u></u>	□Rcmove
			□Add
			□Remove
			Change
			filemove
			☐ Change
			DAdd
			□Remove
			□Change

From: RUBEM SOUZA

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Effective date, if other fan effective date is liste Note: If the date inso document's effective	rted in this block doe	s not meet the appli	icanie statutory ii	r more than 90 days a fling requirements,	otional) fter filing.) Pursuant to 605, this date will not be liste	.0207 ad as
record specifies a de d is filed.	layed effective date, h	out not an effective	time, at 12:01 a.:	m, on the earlier of	(b) The 90th day ofter	r the
ORLANDO		04/26	6/2022			
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	Signatu	re of a member or aut	horized representa	tive of a member		