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To:

Division of Corporations

Fax Number : (850)617-6383

From:

'Account Name : GOMES INSURANCE & ACCOUNTING CORP

Account Number : 120200000161

Phone : (954)531+1451

Fax Number : (954)697-8677

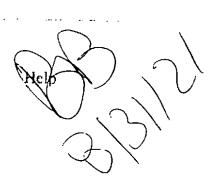
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TO:

## **COVER LETTER**

TO: Registration ! Division of Co	Section orporations			N. V.
FBAESA SUBJECT:	LES ELC			
	Name of Li	mited Liability Company		2821 R
	f Amendment and fee(s) are se			2021 AUG 30 2021 AUG 30
Please return all corresp	ondence concerning this matte	er to the following:		PH 2:23
	PAULO GOMES			23
		· Name of Person		- ''
	GOMES INSURANCE A	ND ACCOUNTING CORP		
		Firm/Company		-
	240 LOCK RD		٠.	
	,	Address		•
	DEERFIELD BEACH   F	LORIDA 33442		
	paulo@gomesins.com	City/State and Zip Code		
		to be used for future annual report no	tilication)	
For further information c	oncerning this matter, please c	rafl:	•	
PAULO GOMES		954 818-2991 at ()		
Nume o	f Person		ne Telephone Number	<del></del>
Enclosed is a check for the	us Estlandara			
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= 323.00 rning rec	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &
Mailing Address Registration S Division of Co	ection prporations	Street Address: Registration Se Division of Co		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From: Paulo Gomes

Page: 4 of 6

FBAESALES LLC

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liaothry Company)
The Articles of Organization for this Limited Liability Company Florida document number L19000288795	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1441 SW-30TH AVE #12
(Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH FL 33069
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. It amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	uldress on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	
:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	verformance of my dulies, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

19546970677

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

Title	<u>Name</u>	Address	Type of Action
MGR	JOELDES S ARAUJO	4221 NE 4TH AVE	
		POMPANO BEACH FL 33064	·
MGR	Ludmila Campelo dos Santos	4231 NE 4TH AVE	⊠Add
	· · · · · · · · · · · · · · · · · · ·	POMPANO BEACH   FL 33064	Remove
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