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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 : (407)604-6519 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: contact@medeirossouza.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONSULTING BAOBA LLC

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Help

TO:

## From: RUBEM SOUZA

## **COVER LETTER**

CONSUL	TING BAOBA LLC		
Division of Corporations  CESTECT:    Consulting Baoba LLC			
The enclosed Articles of	Division of Corporations  CONSULTING BAOBA LLC  Name of Limited Liability Company  Doed Articles of Amendment and fee(s) are submitted for filing.  Burn all correspondence concerning this matter to the following.  Ruhem Souza  Name of Person  Medeiros Souza corp  FuncCompany  1711 Amazing Way, Ste 213  Address  Ococc, F1 34761  City/State and Zip Code  contact@medeirossouza.com  E-mod address: To be used for future annual report notification)  or information concerning this matter, please call-  four at (  Name of Person  Area Code  Daytine Tetephone Number  Is a check for the following amount:  O Elling Fee  S 30.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy radditional copy is enclosed)  Address: Registration Section  Division of Corporations  O. Box 6327  The Centre of Tallahassee		
Please return all correspo	ondence concerning this matter	to the following.	
	Ruhem Souza		
	-	Name of Person	
	Extring BAOBA LLC  Name of Limited Liability Company  Sof Amendatent and fee(s) are submitted for filing.  Supondence concerning this matter to the following.  Ruhem Souza  Name of Person  Medeiros Souza corp  Furn/Company  1711 Amazing Way, Ste 213  Address  Ococe, F1 34761  City/State and Zip Code  contact@medeirossouza.com  E-mail address: to be used for future annual report notification)  on concerning this matter, please call:  at (407 / Area Code)  Daytine Telephone Number  on the following amount:  \$\belline{\text{3}}\$ \$30.00 Filling Fee & Certified Copy (Certificate of Status & Certified Copy (Certificate of Status & Certified Copy (Certificate		
		Firm/Company	<del></del>
	Since of Corporations  ONSULTING BAOBA LLC  Name of Limited Liability Company  ficles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following    Ruhem Souza   Name of Person		
		Address	
	Ococc, FI 34761		
		City/State and Zip Code	
For further information c		·	oblication)
Rubeni Souza		407 326 - 848	4
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			agtion
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 HOV 12 AM 9: 49

CONSULTING BAOBA LLC			TALLAHASSEE FLURIDA	
(Name of the Limite)	Liability Company A Florida Limited Lia	as it now appears on our recorbility Company)	ds.)	
The Articles of Organization for this Limited Lia Florida document number $\frac{1.19000291683}{1.19000291683}$	bility Company w	ere filed on 11/25/2019	and assigned	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company here:		
2012 HOLDINGS LLC				
The new name must be distinguishable and contain the wo	rds "Limited Liability	Company," the designation "LL	C" or the abbreviation "L L.C"	
Enter new principal offices address, if applicable:		10702 Reams Rd, Windermere, FL 34786		
(Principal office address MUST BE A STREET	ADDR <u>ESS)</u>			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>(O.N)</u>	10702 Reams Rd, Winderme	re, FL 34786	
B. If amending the registered agent and/or reagent and/or the new registered office address	• •	dress on our records, <u>entc</u>	r the name of the new registered	
Name of New Registered Agent:	MEDEIROS SOUZA CORP			
New Registered Office Address:	1711 Amazing W	ay. Ste 213		
• • • • • • • • • • • • • • • • • • • •		Enter Florida street oddro	3)	
	Ococe		lorida <u>34761</u>	
		Cny	Zip Code	
New Registered Agent's Signature, if changing Re	egistered 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

To

<u>Title</u>	Name	Address	Type of Action
MGR	Marcelo Antonio Turra	10702 Reams Rd, Windermere, FL 34786	□Add
			Remove
			('hange
AMBR	Vivian Rubio Turra	10702 Reams Rd. Windermere, FL 34786	□∧dd
			□Remove
			= Change
			⊔Add
			□Remove
			□Change
			UAdd
			□Remove
			□Add
			URemove
			Change
			🗆 Add
			Remove
			∐Change

To

From: RUBEM SOUZA

2024-11-11 15:46:16 GMT

If amending any other informa	_			
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Effective date, if other than the	date of filing		_ (optional)	
If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be prior to c lock does not meet the applicable		days after filing ) Purs	
e record specifies a delayed effectived is filed.	e date, but not an effective time	at 12:01 a.m. on the earli	er of: (h) The 901	h day after the
Orlando Dated	11/11/2024			
	Signature of a member or authorize	ed representative of a membe	:1	
Rubem Souza				
	Typed or printed n	ame of signee		