

10/2/24, 2:20 PM

Division of Corporations

L19000291781

Florida Department of State
Division of Corporations
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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
Fax Number : (407)604-6519

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@medeirosouza.com

SECRETARY OF STATE
TALLAHASSEE, FL
2024 OCT -2 PM 4:23
FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PELLEGRINI CONSTRUCTION LLC

Certificate of Status	1
Certified Copy	0
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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OCT 03 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PELLEGRINI CONSTRUCTION LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rubem Souza
Name of Person

Medeiros Souza corp
Firm/Company

1711 Amazing Way, Ste 213
Address

Ocoee, FL 34761
City/State and Zip Code

contact@medeirosouza.com
E-mail address* (to be used for future annual report notification)

For further information concerning this matter, please call:

Rubem Souza at (407) 326 - 8484
Name of Person Area 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)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PELLEGRINI CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/25/2019 and assigned Florida document number L19000291781

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1711 Amazing Way Ste 213, Ocoee, FL 34761 (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1711 Amazing Way Ste 213, Ocoee, FL 34761 (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MEDEIROS SOUZA CORP
New Registered Office Address: 1711 Amazing Way, Ste 213, Ocoee, Florida

FILED 2024 OCT -2 PM 4:23 SECRETARY OF STATE TALLAHASSEE FL 32399

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.

[Signature] 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>	<u>Type of Action</u>
AMBR	PELLEGRINI, ANDRE	1711 Amazing Way Ste 213, Ocoee, FL 34761	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	T. CRUZ PELLEGRINI, SIMONE	1711 Amazing Way Ste 213, Ocoee, FL 34761	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

CHANGE ALL THE ADDRESSES

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Orlando, 10/02/2024



Signature of a member or authorized representative of a member

Rubem Souza

Typed or printed name of signee