1/23/25, 10:56 AM

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@medeirossouza.com

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PC INTERIOR SERVICES, LLC

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## **COVER LETTER**

TO:	Registration Se Division of Cor				
cum ti		OR SERVICES, LLC		*	
SUBJ	EC1:	Name of Lin	nited Liability Company	<del></del>	
The en	Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The ease 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@medeirossouza.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  ubem Souza  407  326 - 8484				
Please	return all correspo	ndence concerning this matter	to the following:		
		R SERVICES, LLC  Name of Limited Liability Company  mendment and fee(s) are submitted for filing.  lence 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@medeirossouza.com  E-mail address: (to be used for future annual report notification)  cerning this matter, please call:  at (			
			Name of Person	<del></del>	
		Medeiros Souza corp			
		·	Firm/Company		
		1711 Amazing Way, Ste 2	13		
			Address		
		Ocoee, FL 34761			
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				tilication)	
For fur	ther information co		·	,	
Ruben		at ()			
	Name of	Person	Area Code Daytii	ne Telephone Number	
Enclos	ed is a check for th	e following amount:			
□ \$2	5.00 Filing Fee		Certified Copy	Certificate of Status &	

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

DO DEFENDO CEDINORO LLO

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited I inhility Company as it now appears	and an analysis of the same of
mer and to smart	ited Liability Company as it now appears of (A Florida Limited Liability Company)	71 Opt Tecorus.
The Articles of Organization for this Limited I	Liability Company were filed on 01/14	4/2020 and assigned
Florida document number	· · · · · · · · · · · · · · · · · · ·	
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:  (Principal office address MUST BE A STREET ADDRESS)		
A. If amending name, <u>enter the new name (</u>	of the limited liability company here	2:
he new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	<b>7</b> -3
. If amending the registered agent and/or		ords, enter the name of the new registe
gent and/or the new registered office addre	ess nere:	Ξ÷
Name of New Registered Agent:	MEDEIROS SOUZA CORP	پ
	1711 A 1711	<del></del>
New Registered Office Address:	1711 Amazing Way, Ste 213	<i>[</i> [-]
	Fator Florida	Literat address
	Enter Florida Ocoee	street address

#### 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>	Address	Type of Action
MGR	Thais Quirino Do Nascimento	654 Siesta Key Circle Apt 2622	<b>∃</b> Add
		Deerfield beach, FL 33441	□Remove
			□Change
MGR	VIANA, JESSICA	654 Siesta Key Circle	□Add
		Deerfield beach, FL 33441	■Remove
			□Change
	<del></del>		□Add
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Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicabl	date of filing or more than 9 le statutory filing require	(optional)  Delian days after filing.) Pursuant to 6 ments, this date will not be 1	05.0207 ( isted as t
	e date, but not an effective time	e, at 12:01 a.m. on the ea	tier of: (b) The 90th day a	fter the
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