From: RUBEM SOUZA



2022-08-24 12:14 48 GMT

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068 : (407)326-8484 Phone 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

CTS AIR CONDITIONING LLC

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COVER LETTER

TO: Registration Division of C		r	
	CONDITIONING LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Rubem Souza		
		Name of Person	
	Medeiros Souza corp		1
		Firm/Company	<u> </u>
	845 N GARLAND AVE. S	STE 100	
		Address	
	ORLANDO, FL 32801		
		City/State and Zip Code	
	contact@medeirossouza.co	m to be used for future annual report not	of Manager Sans
For further information	E-mail address: (on concerning this matter, please c		(il Canon)
Rubem Souza	, , , , , , , , , , , , , , , , , , ,	407 326 - 8484	
Nan	ne of Person	at ()	ne Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	
<u>MailingAdd</u>		StreetAddress: Registration S	ection
Registration Division o	on Section f Corporations	Division of Co	orporations
P.O. Box 6	5327	The Centre of	Tallahassee oe Street, Suite 810
Tallahasse	e. FL 32314	2410 N. Monn	oc auten anne a i o

Tallahassee, FL 32303

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CTS AIR CONDITIONING LLC			·			
(Name of the Limited Liability Compa (A Florida Limited I	ny ay it now appea Jability Company)	rs on our records.)				
The Articles of Organization for this Limited Liability Company Plorida document number	were filed on	06:10/2022	and assigned			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company h	ere:				
The new name must be distinguishable and contain the words "Limited Liabi	Err Compage " the	Assignation "LLC" or the s	Shrevistion "L.C."			
The new name must be distinguishable and contain the words. Einfaled classi-						
Enter new principal offices address, if applicable:	845 N GARLAND AVE, STE 100 ORLANDO, FL 32801					
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:	845 N GARLA	AND AVE, STE 100				
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32801					
						
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our	records, <u>enter the nat</u>	me of the negaterister FILE FILE			
New Registered Office Address:	Enter Fl	orida street address	- 한국 			
		Florida _	<u>ः १५८५ स्ट</u>			
	City		zip Code			

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 amending Authorized Person(s) authorized to manage, enter the fitle, 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	Francisco Carlos da Silva	845 N GARLAND AVE, STE 100 C	≣ Add
		ORLANDO, FL 32801	[] Remove
			□ Change
			□Add
			□Remove
			Change
			Remove
			□Change
			□Add
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			□ Change

To:

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Dated Or	lando				08/24/20						
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Typed or printed name of signee