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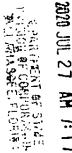
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S. YOUNG

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	SERVICES LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	DAVI AUGUSTO ANTEI	LO FERNANDEZ	
		Name of Person	
	3G MULTI SERVICES LI	LC	
		Firm/Company	
	700 E ATLANTIC BLVD	SUITE 103	
		Address	
	POMPANO BEACH, FL	33060	
		City/State and Zip Code	
	INFO@TARGETMULTIS		
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please co	all:	
DAVI AUGUSTO ANTELO FERNANDEZ		508 6658172 at ()	
Name of	f Person		e Telephone Number
Enclosed is a check for th	ne 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		Street Address:	
Registration Section Division of Corporations		Registration Sec	
P.O. Box 632		Division of Cor The Centre of T	·

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3G MULTI SERVICES 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 $\frac{01/27/2020}{1}$ _ and assigned 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida 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.

Cirv

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>	Type of Action
AMBR	RAFAEL ROCHA PIRES	5880 TOWN BAY DR UNIT 1015	□Add
		BOCA RATON, FL 33486	■Remove
			□Change
			□Add
			□Remove
	_		□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
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ffecti	re date, if other than the date of filing:	
an effe ote:	etive 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 605.03 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed not's effective date on the Department of State's records.	
record lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after tld.	10
ated _	July 22 . 2020.	
	Signature of a member or authorized representative of a member	
	Signature of matemperate authorized representative of a member	

Typed or printed name of signee