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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.

Contact@medeirossouza.com Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FGS USA GENERAL SERVICES LLC

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Estimated Charge	\$30.00

Help

COVER LETTER

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vitti ire		GENERAL SERVICES LLC		
SUBJEC'	1:	Name of Limi	ted Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please reti	urn all correspo	ndence concerning this matter	to the following:	
		Rubem Souza		
			Name of Person	
		MEDEIROS SOUZA COR	P	
		<u> </u>	Firm/Company	
	845 N GARLAND AVE, STE 100			
Address				
		ORLANDO, FL 32801		
			City/State and Zip Code	
		contact@medeirossouza.coi		
		E-mail address: (to be used for future annual report not	meann)
For further	r information c	oncerning this matter, please co	all:	
Rubem S	ouza		407 326-84S4	
	Name o	i' Person	at () Area Code Daytin	ne Telephone Number
Enclosed	is a check for t	he following amount:		
□ \$25.0	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)
	<u>MailingAddres</u>		<u>StreetAddress:</u>	
Registration Section		Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Page: 5 of 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FGS USA GENERAL SERVICES	LLC		EE. 1
(Name of the Limi	ited Liability Company (A Florida Limited Lia	as it now appears on our realbility Company)	The Part of the Country of the Count
The Articles of Organization for this Limited I Florida document number 1.20000036763	Liability Company w	rere filed on <u>02/06/2020</u>	and his signed
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabili	ty company here:	
FGS Solutions LLC			
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 appli (Principal office address MUST BE A STRE) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>ET ADDRESS)</u>		
B. If amending the registered agent and/or agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	MEDEIROS SOU 845 N GARLAN	JZA CORP D AVE, STE 100 Enter Florida street ac	detress
	ORLANDO		, Florida 32801
		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.

To: +18506176383

MGR = Manager

Page: 6 of 7

2021-12-01 19:38:54 GMT

14076046519

From: RUBEM SOUZA

□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			∏Remove
			☐ Change
			□ Add
			Remove
			□ Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□ Change
		□Remove	
			□Change
			□Add
			Remove

). It amending any other info	rmation, enter change(s) here: (Attach additional sheets, if neces	sary.)
		
		
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(If an effective date is listed, the date Note: If the date inserted in the document's effective date on the fifthe record specifies a delayed effective date of the record specifies a delayed effective date is listed, the date of	toption the date of filing: the must be specific and cannot be prior to date of filing or more than 90 days after this block does not meet the applicable statutory filing requirements, this the Department of State's records. Sective date, but not an effective time, at 12:01 a m. on the earlier of: (b)	iling.) Pursuant to 605.0207 (3)t date will not be listed as the
ecord is filed		A _S ~
Dated ORLANDO	12.01.2021	021 O EUAR ELAR
The Land		2021 DEC - J SEUALIARY ALLAHASSE
	Signature of a member or authorized representative of a member	<u></u>
Ruhen Souza		PN 3: FLORI
	Typed or printed name of signee	366