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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20192000068 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 **DUVEK USA LLC**

Certificate of Status	1
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Help. E. MEUX

AUG 27 2024

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

			s.	
SUBJECT:	Name of Lim	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:		
	Rubem Souza			
		Name of Person		
	Medeiros Souza corp			
		Firm/Company		
	1711 Amazing Way, Ste 2	13		
		Address	······································	
	Ococe, FL 34761			
	City/State and Zip Code			
	contact@medeirossouza.co E-mail address: (m to be used for future annual report no	tification)	
For further information of	concerning this matter, please c			
Rubem Souza		407 326 - 8484		
Name o	f Person	at ()	ne Telephone Number	
Enclosed is a check for the	he 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)	
<u>Mailing Addres</u> Registration		Street Address: Registration Se	ection	
Division of C		Division of Co		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

From; RUBEM SOUZA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUVEK USA LLC				
(Name of the Lim	ted Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited I	iability Company	were filed on $\frac{02/11/2}{}$	020	and assigned
Florida document number L20000047975				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the design	ation "LLC" or the ah	breviation "L.L.C."
Enter new principal offices address, if appil	cable:			
(Principal office address MUST BE A STREA	ET ADDRESS)		<u> </u>	202 4
		-		
Enter new mailing address, if applicable:				26
(Mailing address MAY BE A POST OFFICE	· BOX)			<u> </u>
				<u> </u>
				<u>.</u>
B. If amending the registered agent and/or agent and/or the new registered office addre	• •	address on our recor	ds, <u>enter the nam</u>	e of the new register
	MEDEIROS S	OUZA COPP		
Name of New Registered Agent:	MEDERMA	OUZA CONI		•
New Registered Office Address:	1711 Amazing	•		
		Enter Florida st		7.41
	Ococe	City	, Florida <u>34</u>	761 Ziv Code
		Oily		Dip Com

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

Title	<u>Name</u>	Address	Type of Action
MGR	Lucas Pamplona	11825 FICTION AVE ORLANDO, FL 32832	
			□Remove
			☐ Change
			□Add
		******	□Remove
			⊡Change
			∃bAdē
			□Remove
			🗆 Add
			□Remove
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Note: If	e date, if other that ive date is listed, the da the date inserted in t's effective date on	this block does not	t meet the applicabl	late of filing or mo e statutory filing	re than 90 days after requirements, th	ilonal) er filing.) Pursuant t sis date will not b	o 605.0207 (. e-listed as tl
record s rd is filed	pecifies a delayed e	ffective date, but n	ot an effective time	, at 12:01 a.m. o	n the earlier of: ((b) The 90th day	affer the
Or Dated	lando		08/26/2024				
<i></i>	· · · · · · · · · · · · · · · · · · ·		_•	[L			
	•	Signature of	a member or authoriz	ed representative o	o) a member		_ -
	Rubem Souza						

Filing Fee: \$25.00