## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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:	

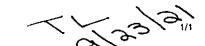
## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OTTPRO LLC

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Corporate Filing Menu

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## **COVER LETTER**

TO: Registration So Division of Cor						
OTTPRO I	-LC					
SUBJECT:		ited Liability Company	<del></del>			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	RUBEN SOUZA					
		Name of Person				
	MEDEIROS SOUZA COR	RP.				
		Firm/Company	<del></del>	700 1110	2021	
	845 N GARLAND AVE. S	SCITE 100			2021 SEP 22	1
		Address	<del> </del>		22	. *******
	OLANDO, FL 32801			\$500 8000 8000 8000 8000 8000 8000 8000	AH 10: 06	77
	<del></del>	City/State and Zip Code	<del></del>	71477 7417	$\overline{\odot}$	
	assistant3@medeirossouza.e	com to be used for future annual report notification	<u></u>	r=121)	90	
For tiether information of	concerning this matter, please of		,,,			
	oncerning this matter, predict of	407 326 8484				
Camila		at ()	phone Number			•
Nume (	ni Person	Area Code Daytime Tele	garane (valure)			
Enclosed is a check for t	he following amount:					
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fill Certificate Certified ( cadditional c	e of Statu Copy		
<u>MailingAddre</u> Registration		<u>StreetAddress:</u> Registration Section	ı .			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OTT PRO LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited	ny ay it now atmear Liability Company)	s on our records.)	2021 SE	
The Articles of Organization for this Limited L	iability Company	were filed on $\frac{027}{2}$	13/2020	and assigned.	
Florida document number L20000051297	·			\$ 12 h	
This amendment is submitted to amend the following		M 10: 06			
A. If amending name, enter the new name of	f the limited liab	ility company he	ere:		
NONA STUDIO 8 LLC				m oi	
The new name must be distinguishable and contain the v	ords "Limited Liabi	lity Company," the d	esignation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	845 N GARLAND AVE, SUITE 100			
(Principal office address MUST BE A STREE		ORLANDO, FL	. 32801		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or the new registered office address agent and/or the new Registered Agent:	registered office		ecords, enter the n	name of the new registered	
Nume of New Negistered Agent.	CIENCADI A	ND AVE SHITE	100		
New Registered Office Address:	845 N GARLAND AVE, SUITE 100  Enter Florida street address				
	ÓRLANDÓ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		37801	
	UKLANDO	Cire	Florida	Zip Code	
New Registered Agent's Signature, if changing	Dagictared Agents	•		•	
new wedisteren whent a sidnume, it chankink	sagivieren 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

To: +18509176383 Page: 6 of 7 2021-09-29 13:10:19 GMT 14076046519 From: RUBEM SOUZA

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	Name	Address	Type of Action
AMBR	RENATA RIBEIRO DE ALMEIDA	13660 CHAUVIN AVE	■Add
		ORLANDO, FL 32827	□Remove
			□ Change
AMBR	ALEXSANDRO G CACHO RIBEI	RUA CRISTIANO VIANA 104	
		SAO PAULO, SP 05411000 BR	■Remove
			Change
			□Add
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To: +18506176383

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			2/2021	( antional)	
(If an ef <u>Note:</u>	tive date, if other than the lective date is listed, the date in If the date inserted in this ment's effective date on the	ust be specific and cannot block does not meet the	applicable statutory filir	(optional) nore than 90 days after filing.) Pr nog requirements, this date wi	ursuant to 605,0207 (3)( If not be listed as the
the record scord is fi		ive date, but not an effe	ctive time, at 12.01 a.m.	on the earlier of (h). The S	Outh day after the
Dated	09/22/2021	2021			
4,-1116					
		Signature of a member	or authorized representative	e of a member	

Typed or printed name of signee