## K20000053803

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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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## COVER LETTER

10: Registration Section

Division of Car	•		
SUBJECT: Fonseca &	Fonseca Filhos Investments LI	ited Liability Company	
	Cane W. S.	, , , , , , , , , , , , , , , , , , ,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Glauco O. Pochine		
		Name of Person	
	Connection Express USA.	Inc.	
		Firm/Company	
	6965 Piazza Grande Ave.,	Ste. 418	
	<u> </u>	Address	
	Orlando, FL 32835		
	glauco@Tigr.com	City/State and Zip Code	
		to be used for future annual report no	altication)
For further information c	oncerning this matter, please c		,
Glauco O, Pochine		407 600-8766	
Name o	f Person		me Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is cuclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	<u>w:</u> Section	Street Address:	
Division of Corporations		Registration S Division of Co	ection orporations
P.O. Box 632 Tallahassee,		The Centre of	Tallahassee
rananassee,	nn 54514	2415 N. Monr	or Street, Suite \$10

Tallahassee, FL 32303

## COVER LETTER

10:		ration Sect on of Corpo						
	Fe	anseca & Fe	onseca Filhos Investments Ll	I.C				
SUBJEC	l I:		onseca Filhos Investments LI Name of Lim	ited Liability Com	pany		<del></del>	
The encl	iosed A	nicles of A	mendment and fee(s) are sub	mitted for filing.				
Please re	etum al'	l correspond	dence concerning this matter	to the following:				
			Glauco O, Pochine					
				Name of Pe	TSURI		<del></del>	
			Connection Express USA,	Inc.				
				Firm/Comp	nany			
			6965 Piazza Grande Ave.,	Stc. 418				
				Address				
			Orlando, FL 32835					
			glauco@Tigr.com	City/State and 2	ip Code			
			E-mail address: (	to be used for futu	re annual report ne	ntification)	<del></del>	
For furth	her info	rmation cor	neerning this matter, please c	all:				
Glauco	O. Poc	hine		407	600-8766			r.,
		Name of I	erson	Area C	ode Dayti	inic Telepho	one Number	:
Enclose	d is a c	heck for the	following amount:					\.
□ \$25	5.00 Fili	ing Fee	S30.00 Filing Fee & Certificate of Status	S\$5.00 Fil Certified (additional)	ing Fee & Copy topy is enclased)	כו	S60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclosed	-
	Regi: Divis P.O.	ng Address: stration So sion of Co Box 6327 hassee, F	ection rporations	1 1	Street Address: Registration S Division of C The Centre of 2415 N. Mont	orporatio Tallahas	ssee	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fouseca & Fouseca Fillios Investments 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   Elorida document number   1,200,00053803	Liability Company	were filed on <u>02/17/2020</u>	and assigned	
Florida document mamber	·			
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liab	pility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or the abl	oreviation "L.L.C."	
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:		6965 Piazza Grande Ave., Ste. 418		
(Mailing address MAY BE A POST OFFICE	F ROV)	Orlando, FL 32835		
B. If amending the registered agent and/or agent and/or the new registered office addressed and and agent and/or the new Registered Agent:	registered office ess here: Glauco O. Poc		of the new registered	
New Registered Office Address:	6965 Piazza G	rande Ave., Ste. 418	- `	
The register office Address.		Enter Florida street address	<del></del>	
	Orlando	Florida 328.	35	
			Zip Code	
New Registered Agent's Signature, if changing			*****	
I hereby accept the appointment as register provisions of all statutes relative to the propactions of the obligations of my position as register the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	per and complete pistered agent as <sub>l</sub> pregistered office	performance of my duties, and I am fa provided for in Chapter 605 FS Or 3	miliar with and Othic desirance is	
	If Char	nging Registered Agent Augustuse of New Desi		

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	VALDRIANGELO S. FONSECA	6965 Piazza Grande Ave., Ste. 315	□Add
		Orlando, F1, 32835	≣Remove
			☐ Change
Manager	FONSECA, VALDRIANGELO S.	11403 Citra Cir.	□Add
		Windermere, F1. 34786	≅Remove
			□Change
			□Add
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. If amending any other informati	on, enter change(s) here	e: (Attach odditional sh	cets, if necessary.)	
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Effective date, if other than the office office date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the application	able statutory filing requir	(optional) 90 days after filing.) Pursuant to 6 rements, this date will not be li	05.0207 (3 isted as th
he record specifies a delayed effective ord is filed.	date, but not an effective ti	ime, at 12:01 a.m. on the c	earlier of: (b) The 90th day af	ler the
Dated August 13	2021			
_ Maria_	Parial Signature of a member or author	orized representative of a me	inber	
MARIA EDUARDA PE				
<del></del>	Lyped or print	ed name of signee		

Filing Fee: \$25.00