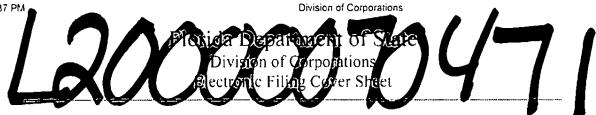
11/15/24, 3:37 PM



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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: contact@medelrossouza.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MUDA VERTICAL GARDEN LLC



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NOV 18 2024

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To:

4

## **COVER LETTER**

Division of Cor			
MUDA VI	ERTICAL GARDEN LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Rubem Souza		
		Name of Person	
	Medeiros Souza corp		
		Firm/Company	<del> </del>
	1711 Amazing Way, Ste 2	13	
		Address	
	Ocoee, FL 34761		
	contact@medeirossouza.co	City/State and Zip Code	<del></del>
	<del>=</del>	to be used for future annual report notific	ation)
For further information of	concerning this matter, please c	all:	
Rubem Souza		407 326 - 8484	
Name c	of Person	at ()	l'elephone Number
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Secti	ion

Mailing Address: 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

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUDA VERTICAL GARDEN LI			
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records,)	
The Articles of Organization for this Limited I.	iability Company were filed on $\frac{03/0}{}$	3/2020	and assigned
Florida document number L20000070471	<del></del> ·		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
		ļ.	. ~
Enter new mailing address, if applicable:		:	024
(Mailing address MAY BE A POST OFFICE	BOX)	<u>:</u>	<u> </u>
		· 17	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our rec	cords, enter the name of	the new registered
agent and/or the new registered office addre	ss ucic.		52
Name of New Registered Agent:	MEDEIROS SOUZA CORP	··:	
New Registered Office Address:	1711 Amazing Way, Ste 213		
	Enter Florid	la street address	
	Ocoee	, Florida _34761	
	Сиу		ip 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: Page: 6 of 7

2024-11-15 20:41:11 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Dausa Moll Da Rocha Bernardi	465 STAN DR., STE. B	
		MELBOURNE, FL 32904	■Remove
			□Change
AMBR	Clovis Luiz Bernardi Junior	465 STAN DR., STE. B	□Add
		MELBOURNE, F1. 32904	<b>≡</b> Remove
			□Change
			□Add
			Remove
			Change
			□Add
			Remove
		<del></del>	☐ Change
		<del></del>	☐ Add
			Remove
			□Add
			□Remove
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			<u> </u>	<del></del>
Tective date, if other than the confective date is listed, the date must the the date inserted in this blocument's effective date on the Department.	be specific and cannot be prior to c ck does not meet the applicable	late of filing or more than the statutory filing require	(optional) 90 days after filing.) Pursuant t ements, this date will not b	o 605.0207 e fisted as
ecord specifies a delayed effective is filed.	date, but not an effective time.	, at 12:01 a.m. on the ca	arlier of: (b) The 90th day	after the
Orlando ted	11/15/2024			
	·	·		
		1 -		

Filing Fee: \$25.00