## L20000139695

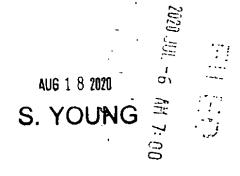
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: STE EX	UGINEERING & P	IEALTH SERVICES SC nited Liability Company	DEUTIONS L.L.C.
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	THIAGO DA SI	LVA RIBELLO Name of Person	
	STE ENGINEE	EING & HEALTH SEA	lvices salutions L.L.C.
	4971 tu Samm	Ple ld APT 101 Address	
	Coconut Cu	City/State and Zip Code	
	TOIBEIRO RIBE E-mail address: (	TRO & GMALL - COM to be used for future annual report noti	lication)
For further information co	oncerning this matter, please c	all:	
Triago like	r Person	at ( <u>954) 643 -</u> Area Code Davtim	§ 3.11. e Telephone Number
		·	•
Enclosed is a check for th	e following amount:		
<b>★</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

STE ENGINEERING & HEALTH SERVICES SOLUTIONS L.C.C. (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 Liability Company were filed on 300312 TUEB SITE "and assigned Florida document number <u>L20000 139695</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address CitvNew 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
PRESIDENT, CEO, CFO.	THIAGO DA SILVA LIBEILO	4971 W Sample RD APTIOI	_ i <b>X</b> Add
			_ □Remove
			_ □Change
MGR	THIAGO DA SILVA RIBEIRO	MAZI W Sample RD APTIOI	± <b>⊠</b> Add
			_ ERemove
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n effec <u>te:</u>   1	re date, if other than the date of filing:
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ied <u>F</u>	Jorida, USA JULY 01 2020.
	Signature of Antember or authorized representative of a member