Florida Department of State Division of Corporations Blectronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 Phone : (305)358-1310

ax Number : (305)503-6701

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: arado 23@ omail. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLUIDMAQ LLC

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Corporate Filing Menu

199 EPA 25 REAL FROM

Page: 3 of 5

To: +18506176383 ·

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLUIDMA	AQ LLC	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our recorted Liability Company)	ds.)
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Florida document number L20000161942		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	•
The new name must be distinguishable and contain the words "Limited L	lability Company," the designation "LLi	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
·		28
		22 A
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		25
		200 g
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, enter	r the name of thonew registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	?\$\$
	,,,,,,,,,	lorida
	City	Zip 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.

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>	Name	Address	Type of Action
MGR	Alter V De Oliveira	2089 OPA LOCKA BOULEVARD	
	,	OPA-LOCKA, FL 33054	
			Change
MGR	Raimundo Nogueira Da Silva	2089 OPA LOCKA BOULEVARD	= Add
		OPA-LOCKA, FL 33054	□Remove
MGR	Mozart Amadeus De Freitas Borges	2089 OPA LOCKA BOULEVARD	■Add
,		OPA-LOCKA, FL 33054	[] D a a a
			□ Change
MGR	Andrew Moraes De Oliveira	2089 OPA LOCKA BOULEVARD	= Add
		OPA-LOCKA, FL 33054	□Rcmove
			□ Change
MGR	Gabriel M Navarro De Oliveira	2089 OPA LOCKA BOULEVARD	≅ Add
		OPA-LOCKA, FL 33054	□Remove
			(Change
			□Add
			□Remove
			□ Change

From: Andres Rodriguez

Gabriel M Navarro De Oliveira	Manager	40.34 %
Raimundo Nogueira da silva	Manager	24.32 %
Mozart Amadeus De Freitas Borges	Manager	17.67 %
Andrew Moraes De Oliveira	Manager	17.67 %
Annual to the second se		
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	AND THE PARTY OF T	
ctive date, if other than the date of filing effective date is listed, the date must be specific and: If the date inserted in this block does not ment's effective date on the Department of St	eet the applicable statutory to	(optional) r more than 90 days after filing.) Pursuant to 605.0 ling requirements, this date will not be listed
ord specifies a delayed effective date, but not filed.	an effective time, at 12:01 a.t	m, on the earlier of: (b) The 90th day after t
. APRIL 25	2022	

Signature of a member or authorized representative of a member

RAIMUNDO NOGUEIRA DA SILVA Typed or printed name of signee

2022-04-25 20:24:06 GMT