From: RUBEM SOU.

08/09/2022 20:59

Division of Corporations

# Florida Department of State Physical Computations Florida Department of State Physical Computations Florida Department of State Physical Computations

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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@MEDEIROSSOUZA.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TWIN B SELLERS LLC

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Registration Section

TO:

#### **COVER LETTER**

Div	isiomof Cor	porations +	•	•
HB IFCT.	TWIN B SL	etlers llo		
ODJECI		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
lease return	all correspo	ndence concerning this matter	to the following:	
		Ruhem Souza		
		,,,,,	Name of Person	
		MEDEIROS SOUZA COR	T	
			Firm/Company	<del></del>
		845 N GARLAND AVE, S	TTE 100	
			Address	
		ORLANDO, FL 32801		
			City/State and Zip Code	
		Contact@medeirossouza.co		
		E-mail address: 0	to be used for future annual report noti	fication)
For further is	nformation c	oncerning this matter, please co	all:	
Rubem Souz	<b>c</b> a		407 326-8484	
-	Name o	(Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	u check for th	ne following amount:		
□ \$25.00 f	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

MailingAddress;

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

StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

#### From: RUBEM SOU

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWIN B SELLERS LLC					
(Name of the Limi	ited Liability Compa (A Florida Limited	ny a <u>y it now appears on our rec</u> Liability Company)	ords.)	<del></del>	
The Articles of Organization for this Limited I. Florida document number <u>L20000337788</u>	Liability Company	were filed on		andassig	ned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liah	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "I	LLC" or the abbrev	iation "L.L.	C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		845 N GARLAND AVE, S	STE 100		
		ORLANDO, FL 32801			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or agent and/or the new registered office address.	registered office	845 N GARLAND AVE, S ORLANDO, FL 32801  address on our records, en		f the new	registere
	MUDUIDOS S	OUZA CODE	<u>i -</u>	<b>022 S</b> 78 CE	
Name of New Registered Agent:	MEDEIROS S		<u> </u>	<del>- 10</del>	<del></del> ;
New Registered Office Address:	845 N GARLA	AND AVE, STE 100  Enter Florida street ad	drass EE	<u> </u>	
	ORLANDO		. Florida 3280 L	n A	
New Registered Agent's Signature, if changing	Registered Agent:	City		Aip Code	
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete sistered agent as s registered office	performance of my duties provided for in Chapter 60	i, and I am fam 95, F.S. Or. if ti	iliar with his docun	and ient is

From: RUBEM SOUZ

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	E TAKEBAYASHI, GABRIEL	RUA JUNDIAI, 251 -	🗆 Add
		VILA MUNICIPAL BRAGANCA PAULISTA.	BRemove
		SAO PAULO 12912-380	□Change
MBR	Keisim Salto	845 N GARLAND AVE, STE 100 F	
		ORLANDO FL 32801	
			□Change
			🗆 Add
			Remove
			🗆 Change
			🖸 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			□Change

Page. 7 of 7

D. If amending any other informa	tion, enter change(s) here: (Attach additional sheets, if necessary.)	
E. Effective date, if other than the ill an effective date is listed, the date mus Note; If the date inserted in this bi document's effective date on the D	c date of filing:	(3)(h the
If the record specifies a delayed effective record is filed	ve date, but not an effective time, at 12:01 a.m. on the earlier of; (b). The 90th day after the	
ORLANDO Dated	09.08.2022	
12-1		
<u> </u>	Signature of a member or authorized representative of a member	
Ruben Souza		
	Typed or printed name of signee	