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21 MAR 17 AMIL: OD

COVER LETTER

TO:	Registratio Division of	n Section Corporations				
SUBJEC		Ferreira, LLC				
SUBJE	~I. <u></u>	Name of Limited Liability Company				
The encl	losed Article	es of Amendment and fee(s) are s	ubmitted for filing.			
Please re	eturn all corr	respondence concerning this matt	er to the following:			
			Seneta Ferreira			
			Name of Person			
			Seneta Ferreira, LLC			
			Firm/Company			
			6901 Environ Blvd Unit 5B			
			Address			
			Lauderhill, FL 33319			
			City/State and Zip Code			
			senetaferreira@gmail.com	Castina)		
			s: (to be used for future annual report noti	neations		
For furti	her informati	ion concerning this matter, please	e caii:			
	Sei	neta Ferreira	954 415-0770 at ()			
	Na	une of Person	Area Code Daytime	e Telephone Number		
Enclose	d is a check t	for the following amount:				
\$25	.00 Filing Fe	ee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional 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



21 MAR 17 AHII: 09 Seneta Ferreira, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 01/04/2021 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number ______L21000014972 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 "LLC" 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

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.

City

____. Florida

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

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<u>Title</u>	Name	Address	21 MAR 17 AM 11: 01	Type of Action
AMBR	Seneta Ferreira	6901 Environ B	Blvd Unit 5B, Lauderhill, FL 33319	= Add
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	<u> </u>
Effective date, if other than the date of filing:	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
It an effective date is listed, the date must be specific and cann Note: If the date inserted in this block does not meet t	the applicable statutory filing requirements, this date will not be listed as t
document's effective date on the Department of State's	
	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed.	
March 5 20	021/
Dated	// ·
last to	
Signature of a memb	per or authorized representative of a member
	Seneta Ferreira

DIN D 005.00