L21000048795

(Description Name)					
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Document Number)					
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21 APR 10 CM III L2

COVER LETTER

Division of Corporations				
SUBJECT:	JOEL DE	SOUZA CIROUP	<u> 4</u>	
	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	DE SOUZA JOEL F Name of Person			
	JOE	C DE SOUZA GR	oup uc	
	身 12975	mallory CIV # 205		
	ovlando	Florida 32828 City/State and Zip Code		
		party & Grail . Co		
For further information co	oncerning this matter, please ca	all:		
DE SOUZH Name of	50EL Person	at (221) 232 - Area Code Daytimo	5749 Telephone Number	
Enclosed is a check for the	e 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)	
Mailing Address		Street Address:	A1 - 11	
Registration Section		Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

21 APR 19 AHII: 42 JUEL DESOUZH GROUP LC

(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 01/16/201 and assigned Florida document number __L21 000048795 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 City

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 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 ARON OF CORPORATION

21 APR 19 AH 11: 43 Type of Action **Address Title Name** DE SOUZA JOEL F 12975 mallory civ #205 bradd
60 lahdo \$2 32828 Mar __ _ _ _ _ _ _ _ _ _ Change □Remove _____ □Change ______ □Add __ _ _ _ Change □Add _____ □Remove

	er information, enter change(s) here: (At	21 APR 19 AMI	 : 4 3
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Effective date if other	n than the data of filings	(ontional)	
Note: If the date insert	r than the date of filing: the date must be specific and cannot be prior to date ed in this block does not meet the applicable state on the Department of State's records.	of filing or more than 90 days after filing.) Patutory filing requirements, this date wi	ursuant to 605.0207 (3)(bill not be listed as the
	•		
the record specifies a dela ford is filed.	yed effective date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 9	00th day after the
Dated 4110	6/21		
	0 0		
	Signature of a member of sufficiency of	enrecentative of a marrhay	
	Signature of a memoer by authorized r	epresentative of a member	
	(/ + 1)	042 A	

Filing Fee: \$25.00