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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number : 120160000060 Phone : (407)674-8969 Fax Number : (407)674-8970

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRAZUCA & USA ACADEMY AND EVENTS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF BRAZUCA & USA ACADEMY AND EVENTS LLC

The Articles of Organization for this Florida Limited Liability Company were filed on <u>02/26/2021</u> and assigned Florida document number: L21000096591

EIN NUMBER: 86-2550243

Article I

A. If amending name, enter the new name of the limited liability company here:

MC CONSTRUCTION AND RENOVATIONS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Article II

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)

Article IV

B. If amending the registered agent and/or registered office address on our records, enter Rename of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office 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.

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

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Title	Name	Address	Type of Action
	And the second s	7958 NW 66 TM TERRACE	REMOVE
AMBRI	LIBERAL MICHETTI, WAGNER	7338 MAA OO TI CELLARGE AND THE STREET	
		PARKLAND, FL 33067	ADO 🔲
AMARA	DE O MA MICHETTI, PAULA FABIANA	7058 NW SETATERRACE	REMOVE :
		PARKLAND, FL 33067	ADD:
MGR	LIBERAL MICHETTI, WAGNER	7958 NW 66TH TERRACE	REMOVE -
		PARKLAND, FL 33067	ADD -
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		PARKLAND, FL 33067	ADD III
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			ADD .
		COCONUT CREEK, FL 33073	an an an an ADD ia.

C. Humending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

D. Effective date, I other than the date of filing: (optional)

(The effective date must be specific cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED

WAGNER LIBERAL MICHETTI

MGR