Florida Department of S

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000317088 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 PRECISION CARPENTRY SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Solution of Col	rporations ⁴	i i i	
PRECISIO SUBJECT:	N CARPENTRY SERVICES I	LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rubem Souza		
		Name of Person	
	Medeiros Souza corp		
		Firm/Company	
	845 N GARLAND AVE. S	STE 100	
		Address	
	ORLANDO, FL 32801		
	_	City/State and Zip Code	
	contact@medeirossouza.co		, <u> </u>
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Rubem Souza		407 326 - 8484 at ()	
Name o	(Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 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 roos is enclosed)

MailingAddress: Registration Section Division of Corporations P.O. Box 6327 StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRECISION CARPENTRY SERVICE			
(Name of the Limited 1 (A)	.iability Company as it now appea Florida Limited Liability Company)	rs on our records.)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liabi	lity Company were filed on	03/19/2021	and assigned
Florida document number 1.21000115855	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company h	ere:	
The new name must be distinguishable and contain the words	s"Limited Liability Company," the o	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	3 7		
printing data est man i BE 3 1 031 01 Fee bo.	<u></u>		
			·
B. If amending the registered agent and/or regis	starad office address on our	enough untar the ne	ma of the Su register
agent and/or the new registered office address h		ecords, enter the na	TO STREET
	1		上海 名
Marie CNI Di la La			52 <u>- 15</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	२ ७
		. Florida	考益 🙎
-	Cirv	, , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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.



To:

. Page: 6 of 7 2022-09-13 19:28:53 GMT

14076046519

From: RUBEM SOUZA

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
AMBR	JULIANO RODRIGUES ALMEID		BOCA RATON, FL 33	
				Remove
		 		□Change
				DAdd
		-		□Remove
				🗆 Change
				🗆 Add
				□Remove
				□Change
				□Add
				□Remove
				□Add
				□Remove
				□Change
				🗆 Add
				Remove
				□Change

_								-
_	· · · · · · · · · · · · · · · · · · ·							
_								
~_								<u> </u>
_								
_								
_								
				7 3.77.5		• • • •		
								•
_					·-···			
_								
-								
_								
-								
`an effec <u>Note;</u> I	ctive date is listed, If the date inserte	r than the date the date must be sp ixl in this block do te on the Departn	ecific and cannoes not meet t	ot be prior to o the applicabl	late of filing or e statutory fil	more than 90 day	(optional) s after filing.) is, this date	Pursuant to 605.0 will not be listed
record Lis tile		yed effective date	, but not an et	ffective time	, ar 12:01 a m	on the earlier	of (h) The	: 90th day after t
otad C	Orlando		(19	/13/2022				
aicu _					,			
						,		
		Signa	ture of a memb	er or authoriz	ed representati	ve of a member		