To:

Florida Department of

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(((H22000215243 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I2019000068 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.

contact@medeirossouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VOLI TRADE LLC

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Help

TO:

Registration Section

COVER LETTER

Division of Co	orporations	8 3				
	ADE LLC					
SUBJECT:	Name of Limi	ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	Rubem Souza					
	Name of Person					
	MEDEIROS SOUZA COR	:P				
	Firm/Company					
	845 N GARLAND AVE, STE 100					
		Address				
	ORLANDO, FL 32801					
		City/State and Zip Code				
	contact@medeirossouza.co	to be used for future annual report notification)				
For further information	concerning this matter, please c	all:				
Rubem Souza		407 326-8484				
Name	; of Person	at () Area Code Daytime Telephone Number				
Enclosed is a check for	the following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)				
P.O. Box 6	n Section Corporations	StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

From: RUBEM SOUZA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

VOLI TRADE LLC (Name of the Limi	ed Liability Company as it now a (A Florida Limited Liability Com	ipnears on our records.)				
					_ and assigned	
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	f the limited liability compa	ny here:				
The new name must be distinguishable and contain the v	vords "Limited Liability Company.	" the designation "LLC" or	the abbrevia	tion "L.L.C."	**	
Enter new principal offices address, if applie	eable:			— 2 0		
(Principal office address MUST BE A STREE	(T ADDRESS)		<u></u> : -	22JU	 .	
			: -	1 22		
Enter new mailing address, if applicable:			•	- 3 - 2	<u>ارت ک</u>	
(Mailing address MAY BE A POST OFFICE BOX)				<u>용</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on ss here:	our records, <u>enter the</u>	name of	the new re	gistere	
Name of New Registered Agent:	MEDEIROS SOUZA COR	Р				
New Registered Office Address:	845 N GARLAND AVE, S	VE 100 ter Florida street address				
	ORLANDO		. 32801			
	City	Fiorac	la <u>32801</u> Zi	ip Cork		
New Registered Agent's Signature, if changing	Registered Agent:					
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	per and complete performat istered agent as provided for registered office address, l	ice of my duties, and l or in Chapter 605, F.S	l am famii COr, if th	liar with a is docume	ind	

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

<u>Title</u>	Name	Address	Type of Action
AMBR	Maria Fernanda Prado de Almeida	531 Coventry Rd	≣∧dd
		Davenport - Flórida - 33897	□Remove
			□Change
MGR	MIYUKI TAKEBAYASIIL AMAN	RUA CANDIDO DE MORAIS LEME, 316	🗆 Add
		BRAGANCA PAULISTA, SP 12912410 BR	■Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			🗆 Add
			Remove
			□ Change

From: RUBEM SOUZA

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