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.

(((H24000107799 3)))



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

Tp:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068 Phone : (407)326-8434 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 ORLANDO FPR INVESTMENTS LLC

110 (1110) (1110 (1110 (1110 (1110 (1110) (110) (1	
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

Help

Tallahassee, FL 32314

#### COVER LETTER

TO: Registration So Division of Cor			
ORLANDO	O FPR INVESTMENTS LLC		
SUBJECT.	Name of Lin	nted Liability Company	
The apploant Articles of	Amendment and fee(s) are sub	unitted for filips	
	ondence concerning this matter	_	
-	Rubem Souza		
		Name of Person	
	Medeiros Souza corp		
		Firm/Company	
	1711 Amazing Way, Ste 2	13	
		Address	
	Oenec, FL 34761		
	<del></del>	City/State and Zip Code	<del></del>
	contact@medeirossouza.com	m to be used for future annual report not	dication i
For further information c	concerning this matter, please c	·	,
Rubem Souza		407 326 - 8484	
Name of Person		at ()	ne Telephone Number
Enclosed is a check for the	ha full society amount		
S25.00 Filing Fee	□ \$30 00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
a Juliow Hilling Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u> </u>	Street Address:	
Registration Section		Registration Se	
Division of Corporations P.O. Box 6327		Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Cir	Z.	p Code
	Ососе	, Florida	
New Registered Office Address:	Enter Florula	street uddress	
Name Descriptional COSTs, Address	1711 Amazing Way, Ste 213		
Name of New Registered Agent:	MEDEIROS SOUZA CORP	7 A	8 4
The state of the s	<u></u> .		1.5
B. If amending the registered agent and/or sgent and/or the new registered office addr	registered office address on our reco ess here:	ords, <u>enter the name of</u>	the now register
			:
	•		- <del>5</del> :1
Mailing address MAY BE A POST OFFICE	<u></u>		
Enter new mailing address, if applicable:			2024
Principal office address MUST BE A STRE			
Inter new principal offices address, if appli	cable:		
he new name must be distinguishable and contain the	words "Lamited Liability Company," the desig	mation "LLC" or the abbrevi	ation "I. I.,C"
A. If amending name, enter the new name of	of the limited liability company here	:	
This amendment is submitted to amend the fol	lowing:		
Florida document number 1.21000209688			
The Articles of Organization for this Limited I	• • •	2021	and assigned
( transport of the tame	ited Liability Company as it now appears of (A Florida Limited Liability Company)	ii uni iccurus.	

#### 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

To: Rubern Souza .

Page: 6 of 7

2024-03-21 17:54:46 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	<u>Address</u>	Type of Action
AMBR	Guilherme de Souza Pessoa	9380 Bolero Dr. Winter Garden, FL. 34787	<b>   _</b> _ <b> _</b> _ <b> _</b>
		<del></del>	Remove
			☐ ☐ Change
			□Add
			□Remove
			□(Thange
			UAdd
			□Remove
			☐ Change
			UAdd
			□Remove
			□Change
			□Add
			URemove
			□Change
			DAdd
			1 If Thomas in a

D. If ame	ending any other inform	ation, enter change(s) here: (//	(trach additional sheets, if necess	ary.)
-	<u> </u>			
_	<u></u>			
-				
_				
_				
_				
=				
_				
-				
_				
_				
_			•	
_			-	
-			· · · · · · · · · · · · · · · · · · ·	*
-				
E. Effecti	ive date, if other than th	e date of filing:	funtion	al)
Note:	If the date inserted in this b	block does not meet the applicable	(option: te of filing or more than 90 days after fill statutory filing requirements, this d	ate will not be listed as the
If the recor record is fil		ve date, but not an effective time, a	at 12:01 a.m. on the earlier of: (h)	The 90th day after the
Dated	Orlando	03/21/2024		
.,		,	R.L.	
		Signature of a member or authorized	,	
	Rubeni Souza	-		

Typed or printed name of signee