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SECRETARY OF STATE
TALLAHASSEE, FL

2021 DEC 27 AM 7:21

FILED

JAN 1 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MR AMERICAN SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARINA MUNHOZ ALVES

Name of Person

Firm/Company

6105 RALEIGH ST APT 321

Address

ORLANDO FL 32835

City/State and Zip Code

JULIANAMGAVIAO@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIANA KARFITSAS

321 4365110

at ()

Name of Person

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 &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2021 DEC 27 AM 7:21

MR AMERICAN SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FLORIDA
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 06/30/2021 and assigned
Florida document number L21000300887.

This amendment is submitted to amend the following:

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

SAME:

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:

SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME

(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:

SAME

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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.

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	RODRIGO ALVES DE OLIVEIRA	6105 RALEIGH ST APT 321	<input type="checkbox"/> Add
		ORLANDO FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	MARINA MUNHOZ ALVES	6105 RALEIGH ST APT 321	<input type="checkbox"/> Add
		ORLANDO FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RODRIGO ALVES DE OLIVEIRA	6105 RALEIGH ST APT 321	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARINA MUNHOZ ALVES	6105 RALEIGH ST APT 321	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE CEO TO AMBR

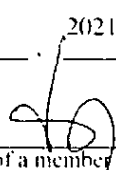
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 23, 2021



Signature of a member or authorized representative of a member

MARINA MUNHOZ ALVES

Typed or printed name of signee