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CONTACT@MEDEIROSSOUZA.COM

## THE AMNUMENTATE/CORRECT OR BIMG RESIGN GREEN THRY ORLANDO LLC

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From: RUBEM SOU

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

Registration Section

## **COVER LETTER**

| Division of Cor               | porations                                     |                                                                     |                                                                                         |
|-------------------------------|-----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|                               | IRF ORLANDO LLC                               |                                                                     |                                                                                         |
| SUBJECT:                      | Name of Lim                                   | ited Liability Company                                              | <del> </del>                                                                            |
|                               |                                               |                                                                     |                                                                                         |
| The enclosed Articles of      | Amendment and fee(s) are sub                  | mitted for filing.                                                  |                                                                                         |
| Please return all correspo    | ndence concerning this matter                 | to the following:                                                   |                                                                                         |
|                               | Rubem Souza                                   |                                                                     |                                                                                         |
|                               |                                               | Name of Person                                                      | <del></del>                                                                             |
|                               | Medeiros Souza corp                           |                                                                     |                                                                                         |
|                               |                                               | Firm/Company                                                        |                                                                                         |
|                               | 845 N GARLAND AVE.                            | STE 100                                                             |                                                                                         |
|                               |                                               | Address                                                             |                                                                                         |
|                               | ORLANDO, FL 32801                             |                                                                     |                                                                                         |
|                               |                                               | City/State and Zip Code                                             |                                                                                         |
|                               | contact@medeirossouza.co<br>E-mail address: ( | in<br>to be used for future annual report not                       | ification)                                                                              |
| For further information c     | oncerning this matter, please c               | all:                                                                |                                                                                         |
| Rubern Souza                  |                                               | 407 326 - 8484                                                      |                                                                                         |
| Name o                        | f Person                                      | at ()<br>Area Code Daytin                                           | ne Telephone Number                                                                     |
| Enclosed is a check for the   | ne following amount:                          |                                                                     |                                                                                         |
| □ \$25.00 Filing Fee          | ■ \$30.00 Filing Fee & Certificate of Status  | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| MailingAddres Registration (  |                                               | <u>StreetAddress:</u><br>Registration Sc                            |                                                                                         |
| Division of C<br>P.O. Box 632 |                                               | Division of Co<br>The Centre of                                     |                                                                                         |
| Tallahassee, l                |                                               |                                                                     | ne Street, Suite 810                                                                    |

Tallahassee, FL 32303

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From: RUBEM SOU.

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

| GREEN TURE ORLANDO LLC  (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our recor  | rds.)                            |
|---------------------------------------------------------------------------------|-------------------------------------|----------------------------------|
| (A Florida Limited                                                              | Liability Company)                  |                                  |
| The Articles of Organization for this Limited Liability Company                 | y were filed on12/20/2021           | andassigned                      |
| Florida document number                                                         |                                     |                                  |
| This amendment is submitted to amend the following:                             |                                     |                                  |
| A. If amending name, enter the new name of the limited liab                     | bility company here:                |                                  |
| FDS GROUP LLC                                                                   |                                     |                                  |
| The new name must be distinguishable and contain the words "Limited Liabi       | ility Company," the designation "LL | C" or the abbreviation 2.C."     |
| Enter new principal offices address, if applicable:                             |                                     | 2 H                              |
| (Principal office address MUST BE A STREET ADDRESS)                             |                                     | 75 75                            |
|                                                                                 |                                     |                                  |
|                                                                                 |                                     |                                  |
| Enter new mailing address, if applicable:                                       |                                     | 9:                               |
| (Mailing address MAY BE A POST OFFICE BOX)                                      | -                                   | . 1 N                            |
|                                                                                 |                                     |                                  |
| B. If amending the registered agent and/or registered office                    | address on our records, ente        | r the name of the new registered |
| agent and/or the new registered office address here:                            |                                     |                                  |
| Name of New Registered Agent:                                                   |                                     |                                  |
| New Registered Office Address:                                                  |                                     |                                  |
|                                                                                 | Enter Florida street addre          | ess                              |
|                                                                                 | , F                                 | lorida                           |
|                                                                                 | 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

To: +18506176383 Page: 7 of 8 2022-05-25 14:46:57 GMT 14076046519 From: RUBEM SOUJ

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

| Title | <u>Name</u>              | Address                     | Type of Action    |
|-------|--------------------------|-----------------------------|-------------------|
| AMBR  | FABIO LUIS SOBRAL        | 8555 NEMOURS PARKWAY        | <b>=</b> Add      |
|       |                          | ORLANDO, FL 32827           | □Remove           |
|       |                          |                             | □ Change          |
| AMBR  | DANIELA FERNANDA PAULIN  | 8555 NEMOURS PARKWAY        | <b>\equiv</b> Add |
|       |                          | ORLANDO, FL 32827           | □Remove           |
|       |                          |                             | □ Change          |
| MGR   | LPE USA INVESTMENTS GROU | 845 N CARLAND AVE SUITE 100 | □Add              |
|       |                          | ORLANDO, FL 32801           | ≅Remove           |
|       |                          |                             | □Change           |
| MGR   | WIEBBELLING LIZIANE      | 8555 NEMOURS PARKWAY        | □ Add             |
|       |                          | ORLANDO, FL 32827           | ■Remove           |
|       |                          |                             | □Change           |
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| te: If the date inserted in this       | block does not meet the applica       | (opt<br>o date of filing or more than 90 days after<br>the statutory filing requirements, th | iis date will not be listed a |
| cord specifies a delayed effects filed | tive date, but not an effective tir   | me, at 12:01 a.m. on the earlier of: (                                                       | b) The 90th day after the     |
| ted Orlando                            | 05.25.2022                            |                                                                                              |                               |
|                                        | · · · · · · · · · · · · · · · · · · · | _ ·                                                                                          |                               |

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