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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
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T. MATTHEWS
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COVER LETTER

	Registration Se Division of Cor			
eup irc	Ma:	asalo-Medeiros LLC		
SUBJEC	· I ·	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		Luiz Fernanc	lo Medeiros	
			Name of Person	
		Maasalo-Medei	ros LLC	
			Firm/Company	
		4251 NW 9th ave, ap	ot 104	
		Pompano Beach, F	Address	
		r ompano beach, r	2, 00004	
			City/State and Zip Code	<u>-</u>
		Luiz.medeiros@maa:	salo-medeiros.com to be used for future annual report not	itication)
For furthe	er information c	oncerning this matter, please c		
	Luiz Fernand	do Medeiros		
Name of Person		at (<u>954)860 10 75</u> Area Code Daytime Telephone Number		
	, ,			
Enclosed	is a check for th	he following amount:		
≯ \$ 25.0	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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
	Division of C	orporations	Division of Cor	rporations
	P.O. Box 632 Tallahassee. l		The Centre of T 2415 N. Monro	raffahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 : 12 7: 3: 19 Maasalo-Medeiros LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____ ____ and assigned Florida document number L22000001260 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address ____. Florida ___

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 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>	Address	Type of Action
AMBR	Luiz Fernando Medeiros	4251 пw 9th ave, apt 104	½ ,Add
		Pompano Beach, FL, 33064	□Remove
			□Change
			□Add
			□Remove
			□Change
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an effec lote: If	e date, if other than the date of filing:
record I is filed	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 d.
	01/05/2022
ated _	
	Signature of a member or authorized representative of a member