Τo.



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.

(((H23000029031 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP Account Number : 120190000068

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 Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAGESSE DIVINE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



JAN 25 2023

From: RUBEM SOUZA

COVER LETTER

TO: Registration Se Division of Cor			
SAGESSE	DIVINE LLC		p.
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rubem Souza		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Medeiros Souza corp		
		Firm:Company	
	845 N GARLAND AVE. S	STE 100	
	· · · · · · · · · · · · · · · · · · ·	Address	
	ORLANDO, FL 32801		
		City/State and Zip Code	
	contact@medeirossouza.com		
For further information c	roncerning this matter, please c	to be used for future annual report noti all:	ncaron)
Rubem Souza		407 326 - 8484	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ 560.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MailingAddres		<u>StreetAddress:</u> Registration Sec	tion
Registration Section Division of Corporations		Division of Cor	porations
P.O. Box 632	17	The Centre of T	`allahassee

Tallahassee, Ft. 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

To: Page: 5 of 7

SAGESSE DIVINE LLC

company has been notified in writing of this change.

2023-01-23 21:39:59 GMT

14076046519

From: RUBEM SOUZA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa (A Florida Limited l	ny as it now appears on o Jubility Company)	ir records.)	
The Articles of Organization for this Limited Li Florida document number	ability Company	were filed on $\frac{01/21/200}{2}$	22 and as	signed
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designat	ion "LLC" or the abbreviation "I	.1C."
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 a agent and/or the new registered office address here:		8005 PLEASANT PINE CIR.		
		WINTER PARK, FL 32792		
		\$005 PLUASANT PINE CIR. WINTER PARK, FL 32792 address on our records, enter the name of the new registered		
Name of New Registered Agent:	Medeiros Souza	ı Corp	2	
New Registered Office Address:	1711 Amazing S	Way, Ste 213	D23 .	
		Enter Floridastro	et address 2	
	Oroce		Florida_34761 🚨	<u></u>
New Registered Agent's Signature, if changing E	Registered Agent:	City	Florida=34761 23	Ċ'n
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regis	er and complete	performance of my di	ity. I further <mark>agree to c</mark> om ities, and I am familiar wi	ply with the th and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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
MGR	Deboralı Crivella Lopes	8005 PLEASANT PINE CIR.	⊇ Add
		WINTER PARK, FL 32792	
		<u> </u>	□Change
			□ Add
			□Remove
		-	□Change
			🗀 Add
			□Remove
			□Change
 			□Add
			□Remove
			□Change
			□Remove
		<u> </u>	□ Change
			□Remove
			The hanne

D. If amending any other infor	mation, enter change(s) here: (Attoch additional sheets, if necessary.)
	The state of the s
 -	
.	
Note: If the date inserted in this	the date of filing:
If the record specifies a delayed effect record is filed	ctive date, but not an effective time, at 12 (1) a milion the earlier of (b). The 90th day after the
Dated Orlando	01/23/2023
Dated	
/ 	Signature of a member or authorized representative of a member
Rubem Souza	
	Typed or printed name of signee

2023-01-23 21:39:59 GMT

14076046519

From: RUBEM SOUZA

Page 7 of 7