h22000074419

(Requestor	s Name)
(Address)	
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(Document	Number)
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T. MATTHEWS APR 1 1 2022

COVER LETTER

TO: Registration Sec Division of Corp			v
SALES & S	ALES GENERAL SERVICES	LLC	,
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
	ndence concerning this matter t		
	ROSI LUCE ALVES		
	=111111	Name of Person	
	TRUST SOLUTION TAX	& COOKKEEPING LLC	
		Firm/Company	
	5950 LAKEHURST DR SU	JITE 222	
		Address	
	ORLANDO - FL - 32819		
		City/State and Zip Code	
	ROSI@TRUST SOLUTION		
For further information c	E-mail address: (i oncerning this matter, please ca	o be used for future annual report not all:	incenon)
ROSI ALVES		407 705-9147	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of (Corporations	Division of Co	orporations
P.O. Box 633 Tallahassee,		The Centre of 2415 N. Monr	Tallahussee oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 MAR 28 PM 3 19

(Name of the Limited Liab) (A Flori	ility Company as it now appears on ou da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability		22 and assigned
Florida document number L22000074419		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited Jiability company here:	
he now name must be distinguishable and contain the words "L	imited Liability Company," the designat	ion "EEC" or the abbreviation "E.E.C."
Enter new principal offices address, if applicable:	······································	
Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our record	
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida str	cet address
		, Florida Zip Code
	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 athending 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	<u>Type of Action</u>
			■ Change
		LIRemove	
			LTRemove
			II Change
			ElRemove
			LIRemove
			E1Remove
			#170

Ī	DANIELA MARTINS PITA SALES, as we are having trouble accepting the abbreviated second name.
1	hank you in advance for the service provided.
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i effi <u>te:</u>	ve date, if other than the date of filing: (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
core s fil	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 ed.
ted	MARCH 21 2022

Typed or printed name of signee