



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.

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : MEDEIROS SOUZA CORP  
Account Number : I20190000068  
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.\*\*

Email Address: Contact@medeirossouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FARIA & BUENO SERVICES LLC

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. LEMIEUX

MAR 08 2022

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FARIA & BUENO 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:

Rubem Souza

Name of Person

MEDEIROS SOUZA CORP

Firm/Company

845 N GARLAND AVE, STE 100

Address

ORLANDO, FL 32801

City/State and Zip Code

contact@medeirosouza.com

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

For further information concerning this matter, please call:

Rubem Souza

407

326-8484

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)

**MailingAddress:**

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

**StreetAddress:**

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

FARIA & BUENO SERVICES 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 03/04/2022 and assigned Florida document number 1.22000091418.

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 "L.L.C."

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:

MEDEIROS SOUZA CORP

New Registered Office Address:

845 N GARLAND AVE, STE 100

*Enter Florida street address*

ORLANDO

*City*

Florida

*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. If the 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.*

*[Handwritten Signature]*

If Changing Registered Agent, Signature of New Registered Agent

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 TALLAHASSEE, FLORIDA  
 32301

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>
AMBR	GRACIELE FERREIRA CORREA	101 BETH LANE APT0 397	<input type="checkbox"/> Add
		WEST MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NILSON CONTE DA SILVA	101 BETH LANE APT0 397	<input type="checkbox"/> Add
		WEST MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Luisa Jesus de Faria	101 BETH LANE APT0 397	<input checked="" type="checkbox"/> Add
		WEST MELBOURNE, FL 32904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jefferson Pinhao Bueno	101 BETH LANE APT0 397	<input checked="" type="checkbox"/> Add
		WEST MELBOURNE, FL 32904	<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.)**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 (1) a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated ORLANDO, 03.07.2021

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Signature of a member or authorized representative of a member

Ruben Souza

Typed or printed name of signee

**Filing Fee: \$25.00**