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SECRETARY OF STATE
TALLAHASSES

## **COVER LETTER**

Division of Co	rporations						
LORENA	SOUSA PMU LLC						
SUBJECT:	Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
	ondence concerning this matter	<del>.</del>					
	LORENA C DAVI DE SC	OUSA					
	Name of Person						
		Firm/Company	<del></del>				
	55 NE 5 STREET, APARTMENT 2409						
	<del></del>	Address					
	MIAMI, FLORIDA 33132						
	-	City/State and Zip Code					
	lorsousa2004@hotmail.com						
For further information	t:-mail address: ( concerning this matter, please c	to be used for future annual report noti all:	fication)				
LORENA C DAVI DE SOUSA		786 868-8341					
Name	of Person	at () Area Code Daytim	e 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)				
Mailing Addre		Street Address:	otion				
Registration Section Division of Corporations		_	Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee					

Tallahassee, FL 32314

TO:

Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LORENA SOUSA PMU 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  $\underline{\text{MARCH 8, 2022}}$ \_\_\_\_ and assigned Florida document number <u>L220001</u> 17403 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." 55 NE 5 STREET Enter new principal offices address, if applicable: APARTMENT 2409 (Principal office address MUST BE A STREET ADDRESS) MIAMI, FLORIDA 33132 55 NE 5 STREET Enter new mailing address, if applicable: APARTMENT 2409 (Mailing address MAY BE A POST OFFICE BOX) MIAMI, FLORIDA 33132 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: LORENA C DAVI DE SOUSA Name of New Registered Agent: 55 NE 5 STREET, APARTMENT 2409 New Registered Office Address: Enter Florida street address \_, Florida 33132 Zip Code MIAMI City

## 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

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
MGR	LORENA C DAVI DE SOUSA	55 NE 5 STREET	
		APARTMENT 2409	□Remove
		MIAMI, FLORIDA 33132	
	-		□Add
			□Remove
		□Change	
<u></u>			□Add
	<del></del>	□Remove	
			CRIADON -2 Remove
		Add V-2	
		™ S G	
			□ Add
			□Remove
		□Change	
			□Add
			□Remove
			□Change

D. If amending any other informati	on, enter change(s) here	: (Allach additional sheets,	if necessary.)
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E. Effective date, if other than the discontinuous (If an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	be specific and cannot be prior t ck does not meet the applica	to date of filing or more than 90 da	(optional) ys after filing.) Pursuant to 605.0207 (3)() nts, this date will not be listed as the
f the record specifies a delayed effective ecord is filed.	date, but not an effective tir	ne, at 12:01 a.m. on the earlier	r of: (b) The 90th day after the
Dated OCTOER 25	. 2022		
	Sura Custi	and on knows	
S	ignature of a member or autho	rized representative of a member	
LORENA C DAVI DE S			
	Typed or printe	d name of signee	

Filing Fee: \$25.00