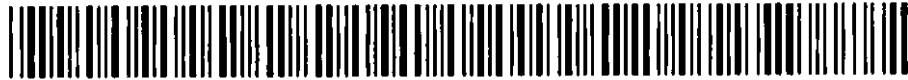


Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L22000187995

**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.

(((H22000262980 3)))



H220002629803ABC+

**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 : 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

2022 AUG -4 AM 10:42

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 SEVENTY SOLUTIONS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2022 AUG -4 AM 10:42

APPROVED  
 AND  
 FILED

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SEVENTY SOLUTIONS 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 at (407) 326-8484  
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

SEVENTY SOLUTIONS 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 04/20/2022 and assigned Florida document number L22000187995.

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:

845 N GARLAND AVE, STE 100, ORLANDO, FL 32801

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

845 N GARLAND AVE, STE 100, ORLANDO, FL 32801

(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

32801

*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 Changing Registered Agent, Signature of New Registered Agent

2022 AUG -4 AM 10:42  
FILED  
APPROVED AND  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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	LAGE MADUREIRA, SIRLEY	845 N GARLAND AVE, STE 100, ORLANDO	<input checked="" type="checkbox"/> Add
		FL 32801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LAGE MADUREIRA, SIRLEY	845 N GARLAND AVE, STE 100, ORLANDO	<input checked="" type="checkbox"/> Add
		FL 32801	<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
			<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.)*

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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 12:01 a.m. on the earlier of: (h) The 90th day after the record is filed

Dated ORLANDO 08.03.2022

*RS*  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Ruben Souza  
 \_\_\_\_\_  
 Typed or printed name of signer