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Division of Corporations

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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

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## **COVER LETTER**

(additional copy is enclosed) Certified Copy	то:	Registration Sec Division of Corp		* *	s i s
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@medeirossouza.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Rubem Souza  Name of Person  Find Code  Contact@medeirossouza.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Rubem Souza  Name of Person  Find Code  Contact@medeirossouza.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Rubem Souza  Souza  Source	C1115-41				
Rubern Sonza	SUBJE		Name of Limit	ed Liability Company	
Rubem Souza    Name of Person	The en	closed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Name of Person  MEDEIROS SOUZA CORP  Firm/Company  845 N GARLAND AVE, STE 100  Address  ORLANDO, FL 32801  City/State and Zip Code  contact@medeirossouza.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 (	Please	return all correspo	ndence concerning this matter t	o the following:	
MEDEIROS SOUZA CORP  Firm*Company  845 N GARLAND AVE. STE 100  Address  ORLANDO, FL 32801  City/State and Zip Code contact@medeirossouza.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Rubem Souza  Area Code  Name of Person  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certified Copy (Certificate of Status (Certified Copy)			Rubem Souza		
S25.00 Filling Fee   S30.00 Filling Fee & Certified Copy (Sertified Copy (Se			<u> </u>	Name of Person	
Address  ORLANDO, FL 32801  City/State and Zip Code  contact@medeirossouza.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Rubem Souza  Area Code  Name of Person  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  City/State and Zip Code  Contact@medeirossouza.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Rubem Souza  [1] \$26-8484  Certificate of Person  Certificate of Status  Certified Copy (Certified Copy)  Certified Copy (Certified Copy)		Rubem Souza  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@medeirossouza.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  sem Souza  407  326-8484  at ()			
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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

Page: 5 of 7

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number 1.22000189759  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"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailling 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:	READY TO GO MOTORS LLC		
Florida document number  L22000189759  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."  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:	(Name of the Limited Liability Compa (A Florida Limited	ny ay it now appears on our records.) Liability Company)	
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".  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 register agent and/or the new registered office address here:    Name of New Registered Agent:		were filed on <u>05/09/2022</u>	and assigned
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."  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 BOS)  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:	Florida document number 1.22000189759		
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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:	(Principal office address MUST BE A STREET ADDRESS)		
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Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address   PH   Cay   Cay	**		
Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address   PH   Cay   Cay			
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Cay  Zip Cuke  57	B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na-	me of the new registered
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New Registered Office Address:    Florida	Name of New Registered Agent:		
Enter Florida street address  Florida	New Registered Office Address:		
- Florida ω Cay Zip Cpiks στ			
ဟ်		·	Zip Cycle
New Designand Agent's Signature if changing Registered Agent:	New Registered Agent's Signature, if changing Registered Agent	·	. <u>3</u>

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 hability company has been notified in writing of this change.

From: RUBEM SOUZ/

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2022-06-22 03:01:40 GMT

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	YAHMEH PROPERTY INVESTM	845 N GARLAND AVE, STE 100E,	□Add
		ORLANDO, FL 32801	≣Remove
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			🗀 Remove
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Fram: RUBEM SOUZA

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ffective date, if other than the can effective date is listed, the date must be force; If the date inserted in this be document's effective date on the E	lock does not meet the ap	blicable statutory trun	(optional) ore than %) days after filing.) Po g requirements, this date wi	irsuam to 605.0207 If not be fisted as
record specifies a delayed effective is filed.	re date, but not an effecti	ve time, at 12.01 a.m.	on the earlier of (b). The s	Mith day after the
ORLANDO	06,21.2	022		
Pated	··	<u> </u>		

Typed or printed name of signee