From: RUBEM SOUZA

Fl<u>ori</u>da Departmen<u>t</u> of State Division of Corporations

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.

2022-11-02 20.52.15 GMT

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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.

Contact@medeirossouza.com Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **IT4U CONSULTING LLC**

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Registration Section

TO:

COVER LETTER

Division of Cor	porations		
IT4U CON	SULTING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rubem Souza		
		Name of Person	·
	Medeiros Souza corp		
		Firm/Company	
	845 N GARLAND AVE, S	STE 100	
		Address	
	ORLANDO, FL 32801		
		City/State and Zip Code	
	contact@medeirossouza.co		
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please of	all:	
Rubem Souza		407 326 - 8484 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)
MailingAddres		StreetAddress:	etion
Registration S Division of C		Registration Sec Division of Cor	
P.O. Boy 632		The Centre of 1	•

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From: RUBEM SOUZA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1T4U CONSULTING LLC			
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our	records.)
The Articles of Organization for this Limited Lie Florida document number	wing:		and assigned
The new name must be distinguishable and contain the w	ards "Limited Liabil	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica			AV. WINDERMERE FL 34786
(Principal office address MUST BE A STREE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE a	BOX)	824 BRYCE CANYON	AV, WINDERMERE - FL 34786
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records,	enter the name of the new registered
Name of New Registered Agent:	Medeiros Souz	a 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 I	legistered Agent:	-	2022
I hereby accept the appointment as registere	d agent a <mark>nd</mark> agr	ee to act in this capacit	y. I further agree to comply with the ies, and I am familiar with and

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>	Name	Address	Type of Action
AMBR	Phamella Da Costa Tavares	824 BRYCE CANYON AV.	■Add
		WINDERMERE FL 34786	Remove
			□Remove
			□Change
			□ Add
			□Remove
			☐ (Thange
			□ Add
			□Remove
		<u></u>	
			□Add
		□Remove	
			□Change
<u>.</u>			□Add
			□Reniove
			□Change

. If amending any other infor	rmation, enter change(s) here; (Attach additional sheets, if necessary.)
	
-	
Note: If the date inserted in thi	the date of filing:
he record specifies a delayed effe ord is filed	ective date, but not an effective time, at 12 (1) a.m. on the earlier of: (b). The 90th day after the
Dated Orlando	11/02/2022
fail -	
	Signature of a member or authorized representative of a member
Rubem Souza	
	Typed or printed name of signee