12/26/24, 4:34 PM

Division of Corporations



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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 LM SOLUTION GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
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TO:

Registration Section

COVER LETTER

Div	ision of Cor	porations		
elibliczer.		TION GROUP LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	f Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following.	
		Rubem Souza		
			Name of Person	
		Medeiros Souza corp		
			Firm Company	
		1711 Amazing Way, Ste 2	13	
			Address	
		Ococe, FL 34761		
		···	City/State and Zip Code	
		contacti@medeirossouza.com	n to be used for future annual report notif	fication)
For further in	iformation co	oneerning this matter, please co		
Rubem Souz	a		407 326 - 8484 Area Code Daytime	
	Name of	Person	Area Code Daytime	· Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		<u>Street Address:</u> Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From: RUBEM SOUZA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LM SOLUTION GROUP LLC		
(Name of the Lin	nited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Florida document number 1.22000433643	Liability Company were filed on 19	one of the control of
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company he	<u>ere</u> :
LM SOLUTIONS GROUP LLC		
The new name must be distinguishable and contain the	words "Emited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BON)	2024 OEC
B. If amending the registered agent and/or agent and/or the new registered office addr		ecords, enter the name of the new registered
Name of New Registered Agent:	MEDEIROS SOUZA CORP	
New Registered Office Address:	1711 Amazing Way, Ste 213	
	Enter Flor	ida street address
	Ococe	, Florida ³⁴⁷⁶¹
	Ciņ	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

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 2024-12-26 21:37 14 GMT
 14076046519
 From: RUBEM SOUZA

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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
		, -1,, -2,4.6.	
			□Remove
			□Change
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			Characa

D. If amending any other inf	ormation, enter change(s) h	ere: (Attach additional she	vets, (f necessary.)
			
			
			·
			· · · · · · · · · · · · · · · · · · ·
			
		, <u></u>	
			
Note: If the date inserted in t	ite must be specific and cannot be p	tior to date of filing or more than blicable statutory filing require	(optional) 00 days after filing.) Pursuant to 605,0207 (ements, this date will not be listed as t
If the record specifies a delayed el record is filed.	ffective date, but not an effectiv	e time, at 12,01 a.m. on the ea	ulici of: (b) The 90th day after the
Orlando Dated	12/26/2	024	
<i></i>			•
	Signature of a member or a	uthorized representative of a men	nber
Rubem Souza			

Typed or printed name of signee