Par. 1 of 7

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDETROS SOUZA CORP

Account Number : I20190000068

Phone Fax Number : (407)326-8484 : (407)604-6519

\*\*Enter the email address for this business entity to be used for future annual report mailines. Enter only one email address please.\*\* Contact@medeirossouza.com 🗕 Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TITAN CLOTHING WHOLESALER LLC

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M. SOLOMON

FEB 2 7 2023

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#### **COVER LETTER**

	egistration Se ivision of Cor			•	
OUDIEZE	TITAN CL	OTHING WHOLESALER LL	С		
SUBJECT	:	Name of Lin	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	rn all correspo	ondence concerning this matter	to the following:		
		Rubem Souza			
			Name of Person	_	
		Medeiros Souza corp			
		·	Firm:Company	_	
		1711 Amazing Way, Ste 2	13		
			Address	_ - بين - بين	2023
		Ococe, FL 34761		お (5)	2023 FEB 2
			City/State and Zip Code	- 1388 E	<b>-</b>
		contact@medeirossouza.co E-mail address: (	to be used for future annual report notification)	n m	3
For further	information c	oncerning this matter, please c	all:	고 : <b>#</b> : 기년	PH 12: 43
Rubem Soc	123		407 326 - 8484	•	
-	Name o	ř Person	at () Area Code Daytime Felephone Numbe	<del></del>	
Enclosed is	a check for th	ne following amount:			
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifical (additional copy is enclosed) Certified	ate of Status &	
	<u>ailingAddres</u> egistration S		StreetAddress: Registration Section		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 8	810	

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TITAN CLOTHING WHOLESALER LLC		
(Name of the Limited Liability Com (A Florida Limite	nany as it now appears on our records,) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	andassigned
Florida document number 1.22000475921		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1711 Amazing Way, Ste 213 C	·
(Principal office address MUST BE A STREET ADDRESS)	Ocoee, FL 34761	2025
		2 2 m
Enter new mailing address, if applicable:	1711 Amazing Way, Ste 213 C	023 FEB 24   1 55   METARY 6 5. 3.5 A SSEE
(Mailing address MAY BE A POST OFFICE BOX)	Ocoee, FL 34761	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  Medciros Son		ime of the new registere
(7)	g Way, Ste 213	
New Registered Office Address:	Enter Florida street address	
Oroce	Florida :	34761
<del></del>	Circ	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 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
AMBR	Frank Santana	9025 BOGGY CREEK RD. UNIT 14 ORLANDO.	_ 🗆 Add
		FI. 32824	■Remove
			🗆 Change
			□Add
			□Remove
			2023 FEB 24
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			🗆 Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<del></del>	
2023 FEB 24	u-
	i C
	١.
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)   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.	(h)
If the record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b). The 90th day after the record is filed	
Dated Orlando	
Signature of a member or authorized representative of a member	
Rubem Souza Typed or printed name of signee	