L23000006652

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A. RIVERS MAY 3 0 2023

COVER LETTER

	distration Section of Corp					
erniret.	SOLUTIONS REVENUE LLC					
SUBJECT:		Name of Limi	ted Liability Company			
The enclosed	d Articles of /	Amendment and fee(s) are sub-	nitted for filing.			
Please returi	ı all correspor	idence concerning this matter	to the following:			
		LUIS FERNANDO OLIVI	EIRA SANTOS DE ASSIS CORDI	EIRO		
			Name of Person			
		SOLUTIONS REVENUE LLC Firm/Company				
			Name of Person UE LLC Firm/Company RK DR APARTMENT 801 Address DA - 34232 City/State and Zip Code			
	4473 MCINTOSH PARK DR APARTMENT 801					
			Address			
		SARASOTA - FLORIDA	- 34232			
			·			
		contact@cordeirobusiness.c		Gention		
For further i	information co	neerning this matter, please co		incarion ,		
LUIS FERN	NANDO COR	DEIRO	941 2795259 a1 ()			
	Name of	Person	941 2795259 at ()	e Telephone Number		
Enclosed is	a check for th	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		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLUTIONS REVENUE LLC		
(Name of the Limited Liability Compa (A Florada Limited L	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000006652</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
CORDEIRO BUSINESS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1903 NORTHGATE BLVD - SUITE 11	9
(Principal office address MUST BE A STREET ADDRESS)	SARASOTA - FLORIDA -34234	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the nam	2023 APR SECRE
New Registered Office Address:	Enter Florida street address	TO PH (
	, Florida	TOTAL STATE OF THE
New Registered Agent's Signature, if changing Registered Agent	i	**

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>	Name	Address	Type of Action
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Effective date, if other if an effective date is listed Note: If the date insert document's effective date.	, the date must be speci ed in this block does	ific and cannot be price some some some some some some some som	or to date of filing or r icable statutory fili	ng requirements, this d	ling.) Pursuant to 605.0207
e record specifies a dela rd is filed.	iyed effective date, b	out not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
APRIL O6		2023	·		
Dated					
Dated APRIL 06		LUIS Carde	no	<i>C</i>	