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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 **4 HANDS INVESTMENTS LLC**

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M. SOLOMON

MAY 19 2023

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Corporate Filing Menu

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COVER LETTER

TO: Registration Division of C			~			
	S INVESTMENTS LLC					
Nune of Limited Liability Company						
The enclosed Articles	of Amendment and fee(s) are sul	omitted for fiting.				
Please return all corres	pondence 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				
	contact@medeirossouza.co	in to be used for future annual report notific				
For further information	concerning this matter, please c	·				
Rubem Souza		407 326 - 8484				
Name of Person at () Area Code Daytime Telephone Num		elephone Number				
Enclosed is a check for	the following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
MailingAddra Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	StreetAddress: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassec, FL 3	orations Jahassee Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite)	1 Liability Comp A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Lia	bility Company	were filed on 05/16/2023	andassigned	
Florida document number L23000079073				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liab	pility company here:		
"he new name must be distinguishable and contain the wo.	rds "Limited Liabi	-	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		1711 AMAZING WAY STE 213		
Principal office address MUST BE A STREET	(ADDRESS)	OCOEE, FL 34761		
Enter new mailing address, if applicable:		1711 AMAZING WAY STE 213	: : : : : : : : : : : : : : : : : : :	
(Mailing address MAY BE A POST OFFICE BOX)		OCOEE, FL 34761		
			· · ·	
3. If amending the registered agent and/or requent and/or the new registered office address			name of the new registe	
Name of New Registered Agent:				
New Registered Office Address:				
	6.60	Enter Florida street address	2.54	
	OCOEE	Floric	da <u>34761</u>	
		City	Zip Code	

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

Page: 7 of 8

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EMPIRE SOUZA GROUP LLC	1711 AMAZING WAY STE 213	
		OCOEE, FL 34761	□ Келюче
			■ Change
			□Add
			□Remove
			□Change
			☐Add
			□ Add □ Change □ Change □ Add □ □ A
			□ Change
			□Remove
			□Change
		-	□Add
		-	□Remove
			□ Change
			□Add
			□Remove
			□ Change

Signature of a member or authorized representative of a member

Rubern Souza

Typed or printed name of signee