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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 : (407)604-6519 Fax Number

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 AMANDA PASSOS SERVICES LLC

Certificate of Status	1
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Help T. LEMIEUX OCT 29 2024 TO:

Registration Section

Tallahassee, Fl. 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

Division of C	Corporations	
	DA PASSOS SERVICES LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.
Please return all corres	spondence 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.coi	
		to be used for future annual report notification)
For further information	n concerning this matter, please c	all:
Rubem Souza		407 326 - 8484 at ()
Nam	e of Person	Area Code Daytime Telephone Number
Enclosed is a check fo	r the following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MailingAddi Registratio		StreetAddress: Registration Section
	Corporations	Division of Corporations
P.O. Box 6	327	The Centre of Tallahassee

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited I. Florida document number 1.23000190176	ability Company were filed on $\frac{04/17}{2}$.	/2023	andassig	uned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	the limited liability company here	:		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the design	guation "LLC" or th	he abbreviation "L.L.	C."
Enter new principal offices address, if applie	able:			_
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or respectively.	egistered office address on our reco	ords, <u>enter the i</u>	name of the new	registered
agent and/or the new registered office address Name of New Registered Agent:	MEDEIROS SOUZA CORP		2024	
	1711 Amazing Way, Ste 213		7.30	1
New Registered Office Address:	Enter Florida street address		3 28	
	Ococe	Florida	34700 ≥	TT
	City		C/Zip (+++h	J
New Registered Agent's Signature, if changing l	legistered Agent:		77TE	
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete performance of my stered agent as provided for in Cha registered office address, I hereby	v duties, and La apter 605, F.S.	am familiar with Or, if this docun	and ient is
	, 1			

To: SUNBIZ - , Page: 6 of 7 2024-10-28 20:28:20 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michel Catalao de Carvalho Castro	2008 RENEE PL APT A	■Add
		MELBOURNE, FL 32935	□Remove
			□ Remove
			☐Change
			⊡Add
			\ _Remove
			□Add
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ffective date, if other than t	he date of filing:		(0	ptional)
ffective date, if other than t an effective date is listed, the date n Sote: If the date inserted in this	aust he specific and canno	t be prior to date of fibrie applicable statutor	ng or more than 90 days a	after filing.) Pursuant to 605,02
ocument's effective date on the	Department of State's	records.		
record specifies a delayed effec		Sanakan akan mara 10 (il	a m. on the eacher of	S (b) The With day ofter th
record specifies a delayed effect I is filed	ave date, but not an en	ective time, ai 12 01	an the earner of	(ii) The Martiay are in
Orlando	10/	28/2024		
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Typed or printed name of signee