## 123000291484

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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DEFARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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A. PARISHANI DEC 0 2 2023

## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations				
	LATAN	и X USA LLC			
SUBJECT:	Name of Lim	ited Liability Company			
				D: <b>26</b>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		23 OC DEPA VISIO	
Please return all correspo	ndence concerning this matter	to the following:		X 13	
		SERGIO SOUZA		023 OCT 13 AN 10: 1	
		Name of Person			
		J316 SERVICES LLC		77 - T	
		Firm/Company		_	
	2295 S	HIAWASSEE RD STE 205	5		
		Address		<del>_</del>	
		ORLANDO, FL 32835			
		City/State and Zip Code		<del></del>	
	SERGI	O@J316SERVICES.COM			
	E-mail address: (	to be used for future annual report not	ification)	-	
For further information c	oncerning this matter, please c	all:			
SERGIO SOUZA		213 703-946	4		
Name o	f Person		ne Telephone Numb	xer	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	Filing Fee. cate of Status & ed Copy nal copy is enclosed)	
<u>Mailing Addres</u> Registration : Division of C	Section	Street Address: Registration So Division of Co			
P.O. Box 632	•	The Centre of Tallahassee			
Tallahassee,		2415 N. Monroe Street, Suite 810			

Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

					_	_	_	_
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	-	IVI	$\Delta$	ı	J. 7.74		Ι.	ι.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabilit	y Company	were filed on	06/16/2023	and assigned	
Florida document numberL23000291484	·				
This amendment is submitted to amend the following	): ):				
A. If amending name, enter the new name of the	limited <u>liabi</u>	lity company her	<u>e:</u>		
The new name must be distinguishable and contain the words "	Limited Liabil	ity Company," the des	ignation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2295 S. HIAWASSEE ROAD STE 104			
		ORLANDO, FL 32835			
		2205 C. HIAWAS	COLE DOAD STU	104	
Enter new mailing address, if applicable:		2295 S. HIAWASSEE ROAD STE 104 ORLANDO, FL 32835			
(Mailing address MAY BE A POST OFFICE BOX)		OKLANDO, FL.	2833		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		address on our rec	cords, <u>enter the n</u>	ame of the new registered	
Name of New Registered Agent:				<u> </u>	
New Registered Office Address: 22	295 S HIAW <i>A</i>	ASSEE ROAD, ST 2	205		
	Enter Florida street address				
O	RLANDO		Florida	32835	
<del>-</del>		City		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.

Changing Registered Agent. Signature of New Registered Agent

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	Sergio H de Oliveira Vilaca	Alameda Piratinins, 38	□Add
		Alphaville, Santana Parnaiba, SP Brazil 06540035	<b>≡</b> Remove
			□Change
			□Add
			□Change
		TA LLAHA	DEPARTH
		SEE. FLORI	Sharinge Company
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an effective da <u>Note:</u> If the d	e, if other than the date of filing:  are is listed, the date must be specific and cannot be prior late inserted in this block does not meet the application. Tective date on the Department of State's records.	able statutory filing requirem	(optional) days after filing.) Pursuant to 605,0207 (3)(b) nents, this date will not be listed as the
If the record special record is filed.	fies a delayed effective date, but not an effective ti	me, at 12:01 a.m. on the earli	ier of: (b) The 90th day after the
Dated	October 9 2023 Signature of a member or author	ge Cultive of Amember	Sousa
SI	ERGIO S SOUZA		

Typed or printed name of signee