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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.

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🗒 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOMA SITE DEVELOPMENT LLC

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| TO: Registration Se Division of Cor | | | ě | | |
|--|---|---------------------------|---|--|--|
| SUBJECT: LOMA ST | TE DEVELOPMENT LLC | | | | |
| SUBJECT: | Name of Lan | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | Rubem Souza | | | | |
| | | Name of Person | · | | |
| | Medeiros Souza corp | | | | |
| | | Firm/Company | | | |
| | SITE DEVELOPMENT LLC Name of Limited Liability Company s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following: Rubern Sonza Name of Person Medeiros Sonza corp Firm:Company 1711 Amazing Way. Ste 213 Address Ococc. FL 34761 City/State and Zip Code contact@medeirossonza.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: at (| | | | |
| | | Address | | | |
| | Ococc, FL 34761 | | | | |
| | | City/State and Zip Code | | | |
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| | | | fleation) | | |
| For further information c | concerning this matter, please c | all: | | | |
| Rubem Souza | | 407 326 - 8484 | | | |
| Name o | if Person | Area Code Daytim | e Felephone Number | | |
| Enclosed is a check for the | he following amount: | | | | |
| | ■ \$30.00 Filing Fee & | Certified Copy | Certificate of Status & Certified Copy | | |
| MailingAddres Registration 9 | Section | Registration Sec | | | |
| Division of C | | Division of Cor | | | |
| P.O. Box 632 | . / | The Centre of Tallahassee | | | |

Tallahassee, Fl. 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LOMA SITE DEVELOPMENT LI | | | | | |
|--|--|---|----------------------|---------------------------------------|------------------|
| (Name of the Limi | ted Liability Company (A Florida Limited Liab | as it now appears on our recr ility Company) | nrds.) | | |
| The Articles of Organization for this Limited L. Florida document number 1.23000295948 | | ere filed on <u>06/20/2023</u> | a | ndassigne | ed |
| This amendment is submitted to amend the following | lowing: | | | | |
| A. If amending name, enter the new name of | of the limited liabilit | y company here: | | | |
| The new name must be distinguishable and contain the v | words "Limited Liability | Company," the designation "L | LC" or the abbreviat | ion "L.L.C. | |
| Enter new principal offices address, if applie | cable: | | | | |
| (Principal office address MUST BE A STREE | <u>ET ADDRESS)</u> | | | | |
| | - | | | _ | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE | (BOX) | <u>-</u> | | | |
| | - | | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | dress on our records, <u>ent</u> | er the name of t | heisew re | <u>egistered</u> |
| Name of New Registered Agent: | MEDEIROS SOU | | | · · · · · · · · · · · · · · · · · · · | - |
| New Registered Office Address: | 1711 Amazing W. | ay, Ste 213 | ress Florida 34761 | <u> </u> | · |
| The state of the s | | Emer Florida street odd | ress | 12: | |
| | Осоес | | Florida <u>34761</u> | 2 | |
| | | City: | 2.0 |) 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

7 1

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

To:

| Title | <u>Name</u> | Address | Type of Action |
|-------------|----------------------|------------------|-------------------|
| MGR | JOSE FLAVIO FERREIRA | 1220 DINGENS AVE | = Add |
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| Effective date, if other than the (If an effective date is listed, the date mu Note; If the date inserted in this b document's effective date on the E | lock does not | meet the app | dicable statuu | ory filing requ | irements, this o | iar) ling.) Pursuant to date will not be | 605,0207 () listed as tl |
| ne record specifies a delayed effection of the filed | re date, but no | nt an erfe etiv | e time, at 124 | llam on the | earlier of: (b) | The 90th day a | after the |
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| <u></u> | Signature of a | a member or a | uthorized repre | sentative of a m | ember | | |