

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000245116 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

Email	Address:	Contact@medeirossouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **C2E DECOR LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

JUL 1 4 2023 K. Brumbl=Y

COVER LETTER

TO: Registration So Division of Cor			
C2E DECC	OR LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for tiling.	
Please return all correspo	ondence 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	
	eontact@medeirossouza.co		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Rubem Souza		407 326 - 8484	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre Registration		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 631		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C2E DECOR LLC			
(Name of the Limiter	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia	bility Company were filed on	06/22/2023	and assigned
Florida document numberL23000301068	·		
This amendment is submitted to amend the follow	wing:		
A. If amending name, <u>enter the new name of</u>	the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the o	designation "LLC" or the	abbreviation "L.tC."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
B. If amending the registered agent and/or re	gistered office address on our i	ecords, enter the na	ime of the new registere
agent and/or the new registered office address	<u>here</u> :	,	2名 E
Name of New Registered Agent:			SER 2 EE
New Registered Office Address:			
ive ivegisiered Office Address.	Enter Flo	rida street address	35 ;
		Florida	
	City	, FIORICA	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.

If 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

Title	<u>Name</u>	Address		Type of Action
MGR	DE OLIVEIRA, ERNANI JULIO	2907 EAGLE LAKE DR	ORLANDO, FL 32837	7 ≣ Add
			·-··-·	🗆 Remove
				□Change
				□Add
				□Remove
				□Change
				□Add
			·····	Remove
				□Change
				□Add
				□Remove
				□ Change
				□Add
				□Remove
				□Change
				□Add
			-	□Remove
				□ Change

-			-	
			•••	
 				
		 		
	· · · · · · · · · · · · · · · · · · ·			····
-				
		- .		
			 .	
Tective date, if other than the reflective date is listed, the date must te: If the date inserted in this blooment's effective date on the Do	ick does not meet the a	applicable statutor:	g or more than 90 days aft y filing requirements, th	tional) er filing.) Pursuant to 605.02 his date will not be listed
ecord specifies a delayed effective s filed.	: date, but not an effec	tive time, at 12:01	a.m. on the earlier of:	(b) The 90th day after th
ted Orlando	07/12	/2023		
1				
ı	Signature of a member of			

Filing Fee: \$25.00