7/7/23, 12:02 PM Division of Corporations

> 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.

> > (((H23000238590 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

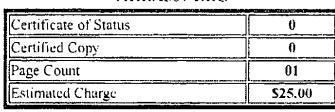
Account Number : I20190000068 Phone : (407)326-8484

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 AREA507 LLC



S. P.OEERTS

JUL 10 2022

Electronic Filing Menu Corporate Filing Menu

Help

Registration Section

TO:

COVER LETTER

Div	ision of Cor	porations				
CHD IEZTE.	AREA407	LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fec(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/Сотрапу			
		1711 Amazing Way, Ste 2	13			
			Address			
		Ococc, FL 34761				
			City/State and Zip Code	 		
		contact@medeirossouza.com	n to be used for future annual report notific			
For further in	nformation c	oncerning this matter, please of	•	aronj		
Rubem Souz	a		407 326 - 8484			
	Name o	f Person	at () Area Code Daytime T	Celephone Number		
Enclosed is a	check for th	ne following amount:				
≅ \$25.00 F	iling 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)		
	ilingAddres gistration S		<u>StreetAddress:</u> Registration Secti			
Div	ision of C	orporations	Division of Corpo	orations		

P.O. Box 6327 Tallahassee, Fl. 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AREA407 LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000313542</u>	were filed on 06/30/2023 and assigned	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		**
Enter new principal offices address, if applicable:	2023	
(Principal office address MUST BE A STREET ADDRESS)	- <u> </u>	
	<u> </u>	
	-	
Enter new mailing address, if applicable:	- I	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	address on our records, <u>enter the name of the new re</u>	gistered
Name of New Registered Agent:		
-		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with a provided for in Chapter 605, F.S. Or, if this documen	nd

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	Name	Address	Type of Action
AMBR	Monique Arthuzo Morcira	10900 MOBBERLEY CIR	■Add
		ORLANDO, FL 32832	_
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Add
			□Remove
			☐ Change
			
			Remove
			□ Change
			□ Add
			□Remove

Effective date, if other than the date of filing: (Optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h). The With day after the ord is filed Dated Ordando Ordando Ordando Signature of a member or authorized representative of a member. Rubern Souza		
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	Dated	 •
Rubem Souza		Signature of a member or authorized representative of a member
• •	Rubem Souza	