5/2/24, 3:25 PM

Division of Corporations

or of Corporati

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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

nter 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 SYNAPSE GLOBAL INVESTMENT LLC

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COVER LETTER

TO: Registration S Division of Co		•	:
SYNAPS SUBJECT:	E GLOBAL INVESTMENT LE	.c	[] ن
SUBJECT;	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Rubem Souza		
	•••	Name of Person	
	Medeiros Souza corp		ļ
		Firm/Company	
	1711 Amazing Way, Ste 2	13	
		Address	
	Ococc, FL 34761		
		City/State and Zip Code	
	contact@medeirossouza.co	in to be used for future annual report notifies	tion)
For further information	concerning this matter, please of	•	
Rubem Souza		407 326 - 8484	
Name	of Person	at ()	elephone Number
Enclosed is a check for	the following amount:		H
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose
MailingAddre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	StreetAddress: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	orations lahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SYNAPSE GLOBAL INVESTME	ENT LLC	
(Name of the Lim	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I Florida document number L23000361854	and assigned	
This amendment is submitted to amend the fol) 	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREE		
Enter new mailing address, if applicable:	262'	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or	registered office address on our reco	ds, enter the name of the new registered
agent and/or the new registered office addre	ess here:	<u> </u>
Name of New Registered Agent:	MEDEIROS SOUZA CORP	. 0
New Registered Office Address:	1711 Amazing Way, Ste 213	
	Enter Floridas	ireet address
	Ococe	Florida 34761
	City	Zip Code
New Registered Agent's Signature, if changing		
I hereby accept the appointment as registers	ed agent and agree to act in this cape	acity. I further agree to comply with the

æ provisions of all statutes relative to the proper and complete performance of my duties, and fram familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.\$ 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

To:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of or removed from our records:			ach person being added
MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	NUNES OLIVEIRA, RENATA	ALAMEDA CORVINA 671, RESIDENCIAL	11 □Add
		SANTANA PARNAIBA, SP 06540325 BR	Remove
			≡ Change
AMBR	OLIVE TREE GROUP CORP	1711 AMAZING WAY STE 213	= Add
		OCOEE, FL, 34761	□Remove
			□ Change
			□ Add
			□Remove
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From: RUBEM

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