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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : 120190000068 : (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 VENTURA SOLUTIONS USA LLC

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Registration Section

TO:

COVER LETTER

Division of Co	orporations		
VENTUR	LA SOLUTIONS USA LLC		
SUBJECT:	Name of Lin	nted Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following.	
	5. 1		
	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	· · · · · · · · · · · · · · · · · · ·
	contact@medeirossouza.co		
	E-mail address: (to be used for future annual report no	oblication)
For further information	concerning this matter, please c	all [.]	
Rubeni Souza		407 326 - 848-	1
Name	of Person	at () Area Code Dayti	me Telephone Number
The decoration where the Con-	the fellow in comment		
Enclosed is a check for	_	_	_
☐ \$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 enclosed)
Mailing Addre		Street Address:	
Registration		Registration S	
Division of	Corporations	Division of Co	orporations

P.O. Box 6327 Tallahassee, FL 32314

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

To:

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit		y as it now appears on or ability Company)	n records.)	
The Articles of Organization for this Limited Li Florida document number 1.23000392700	iability Company v	were filed on <u>08/22/20.</u>	23	_ and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited <u>liabil</u>	ity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabilie	y Company," the designat	ion "LLC" or the abbrev	iation "L L C "
Enter new principal offices address, if applic	able:	1711 Amazing Way S	re 213, Ococe, Fl. 34	761
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:		1711 Amazing Way So	te 213, Ococe, FL 347	761
(Mailing address MAY BE A POST OFFICE)	ROX)			
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	_		s. <u>enter the name o</u>	f the new registered
New Registered Office Address:	1711 Amazing V	Vay, Ste 213	-	
	Ococe	Enter Florula stre	etudhess , Florida 34761	
		Cny		Zip C'ode
New Registered Agent's Signature, if changing Fall hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	d agent and agree er and complete p sterad agent as pr registered office o	performance of my di rovided for in Chapic	ities, and I am fam ir 605, F.S. Or, if t	iliar with and his document is

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

Page: 6 of 7

<u>Title</u>	Name	Address	Type of Action
AR	IVAN PEREIRA RODRIGUES D/	1711 Amazing Way Ste 213, Ococe, FL 34761	□ /\dd
			■('hange
AMBR	Ventura Solutions Del Corp	1711 Amazing Way Ste 213, Ocoee, FL 34761	■Add
			□Remove
<u></u>			LIAdd
			□Remove
			□Change
			⊔Add
			□Remove
			Change
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