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.

(((11230004348903)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068 Phone : (487)326-8484 Fax Number : (487)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 **4ME AUTO SOLUTIONS LLC**

Certificate of Status	1
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T. LEMIEUX

DEC 22 2023

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Help

COVER LETTER

	Registration Se Division of Cor			
		O SOLUTIONS LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enck	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn ali 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	
		contact@medeirossouza.coi	tt to be used for future annual report	notification)
For furthe	er information c	oncerning this matter, please c		
Rubem S	ouza		407 326 - 84	84
	Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed	is a check for the	ne following amount:		
		■ \$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)
	MailingAddres Registration 9 Division of C	Section	<u>StreetAddress</u> Registration Division of C	Section

P.O. Box 6327 Tallahassee, Fl. 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4ME AUTO SOLUTIONS LLC			
(Name of the Lim	ited Liability Company as it now an (A Florida Limited Liability Compa	nears on our records.)	
The Articles of Organization for this Limited l	Liability Company were filed on	10/03/2023	andassigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compan	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," i	he designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)	·	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE			
			1.45
3. If amending the registered agent and/or agent and/or the new registered office addr		ir records, <u>enter the na</u>	me of the new regis
Name of New Registered Agent:	MEDEIROS SOUZA CORP		<u> </u>
New Registered Office Address:	1711 Amazing Way, Ste 213		÷÷ ω
	Enter	Florida street address	12
	Ococc	Florida <u>-</u>	34761
	Ciţ		Zıp 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

From: RUBEM SOUZA

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:

<u>Title</u>	Name	Address	Type of Action
MGR	Lucca Dionello Napoleao	935 Providence Reserve Loop Apt 207	≡ Add
		Lukeland Florida, 33805	
			□Add
			□Remove
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
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			□Add
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			□Change

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	· -		
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E. Effective date, if other than the date (If an effective date is listed, the date must be s Note: If the date inserted in this block (document's effective date on the Depart	pecific and cannot be prior to date of t does not meet the applicable statu	(optional) liting or more than 90 days after filing.) Pursuant tory filing requirements, this date will not be	to 605.0207 (3)(b) be listed as the
If the record specifies a delayed effective dat record is filed	ie, but not an effective time, at 12	(i) a moon the earlier of (b). The 90th day	y after the
Dated Orlando	07/12/2023		
1			
K.L.	nature of a member or authorized repr	esentative of a member	_

Typed or printed name of signee