12/19/24, 11:11 AM



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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

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

52

From: RUBEM SOUZA



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LCBSF INVESTMENTS LLC

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Registration Section

Tallahassee, FL 32314

TO:

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

| Divisio | n of Corp | ourations | | | |
|-------------------|----------------------------------------------|-------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| LC | BSFINV | ESTMENTS LLC | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | |
| The enclosed Ar | ticles of a | Amendment and fee(s) are sub | mitted for filling. | | |
| Please return all | correspoi | ndence concerning this matter | to the following: | | |
| | | Rubem Souza | | | |
| | | | Name of Person | | |
| | | Medeiros Souza com | | | |
| | | | Firm/Company | | |
| | | 1711 Amazing Way, Ste 2 | 13 | | |
| | | | Address | | |
| | | Ococe, FL 34761 | | | |
| | | | City/State and Zip Code | | |
| | | contact@medeirossouza.cor | | | |
| | | E-mail address: (| to be used for future annual | report notification | |
| For further infor | mation ec | incerning this matter, please ca | all. | | |
| Rubem Souza | | | 407 32 at () | 26 - 8484 | |
| | Name of | Person | Area Code | Daytime Teleph | ione Number |
| Enclosed is a cho | eck for th | e following amount: | | | |
| □ \$25.00 Filin | g Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee Certified Copy radditional copy is end | | Soo.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed: |
| Regist Divisi | : Address ration S on of Co lox 632 | ection orporations | Divisio | ddress: ation Section n of Corporati ntre of Tallaha | |

From: RUBEM SOUZA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LCBSF INVESTMENTS LLC | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| (Name of the Lim | ited Liability Company as it now appears of (A Florida Limited Liability Company) | our records, i |
| The Articles of Organization for this Limited I Florida document number <u>L23000486376</u> | | 2023 and assigned |
| This amendment is submitted to amend the fol | lowing: | |
| 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 desig | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | |
| (Principal office address MUST BE A STREA | ET ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address: New Registered Office Address: | registered office address on our reco | rds, enter the name of the new registere |
| New Tregistered Office Address | Enter Florida | street address |
| | Ocoee | Florida 34761 |
| | City | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | |
| I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this | per and complete performance of my astered agent as provided for in Cha registered office address, I hereby c | duties, and I am familiar with and pter 605, F.S. Or, if this document is |
| | 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> | <u>Address</u> | Type of Action |
|-------|-------------------------------------|------------------------------------------|----------------|
| AMBR | Luiz Carlos Borges Da Silveira Fill | 1711 AMAZING WAY, STE 213 | 🗖 Add |
| | | OCOEE, FL 34761 | |
| | | | ☐ Change |
| AMBR | ZETA HOLDING CORP | 1711 AMAZING WAY, STE 213 | = Add |
| | | OCOEE, FL 34761 | □Remove |
| | | | □ Change |
| | | | |
| | | | □Remove |
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| | | | □Add |
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| ective date, if other than the effective date is listed, the date must e: If the date inserted in this blument's effective date on the De- | ock does not meet the ap | oplicable statutory filing re | (optional) than 90 days after filing.) Pursu equirements, this date will no | ant to 605,0207 of be listed as |
| cord specifies a delayed effective s filed. | e date, but not an effecti | ve time, at 12:01 a.m. on | the earlier of: (b) The 90th | day after the |
| Orlando ed | 12/19/ | 2024 | | |
| | · | 1 | | |

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