

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.

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To:	Division of Corporations Fax Number : (850)617-6383				
From:	Account Name : WEEXY SOLUTION Account Number : I20240000023 Phone : (407)818-3682 Fax Number : (409)204-6621 the email address for this busin nual report mailings. Enter only ail Address:			2024 AP	-
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COVER LETTER

TO: Registration Section Division of Corporations

ATTUS CONSTRUCTIONS & INVESTMENTS LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESSICA DIRINGER

Name of Person

WEEXY ACCOUNTING

Firm/Company

1878 THETFORD CIR

Address

ORLANDO FL 32824

City/State and Zip Code

info@weexyaccounting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA DIRINGER	407 818 3682		
	at ()	
Name of Person	Area Code	Daytime Telephone Number	

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATTUS CONSTRUCTIONS & INVE	STMENTS LLC			
(<u>Name of the Limited I</u> (A I	<u>iability Company as it</u> forida Limited Liability	now appears on our ree Company)	cords.)	
The Articles of Organization for this Limited Liabi Florida document number L23000525606	lity Company were	filed on 01/01/2024	and assign	icd
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of the	e limited liability co	mpany here:		
The new name must be distinguishable and contain the words	s "Limited Liability Con	ipany," the designation "	LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)			<u> </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			
		• • • • • • • • • •	02:	
B. If amending the registered agent and/or regis			AP	-,
B. If amending the registered agent and/or registagent and/or the new registered office address h	stered office addres <u>ere</u> :	s on our records, <u>en</u>	ter the name of the new re	egistered
			E H	: 7
Name of New Registered Agent:			<u> </u>	0
			42	
New Registered Office Address:		Enter Florida street ad	dress	
			Florida	
-	Ci		Zip 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 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

<u>Title</u>	Name	Address	Type of Action
MGR	CAMILO DE LELLIS NOGUEIRA	12601 Bovet AveOrlando, FL 32827	🛛 Add
			🗆 Remove
			Change
MGR	INDIS ANTONIO DA SILVA JUN	12601 Bovet AveOrlando, FL 32827	🗆 Add
			🗆 Remove
			Change
			🗆 Add
			LIRemove
			Change
			🖸 Add
			🗆 Remove
			□Change
			🖸 Add
			🗌 Remove
			Change
			🗆 Add
			🗆 Remove
			🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

APRIL 5	2024
	J
	Signature of a member or authorized re

Signature of a member or authorized representative of a member

CAMILO DE LELLIS NOGUEIRA

Typed or printed name of signee