4/24/24, 4:18 PM

Division of Corporations



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.

(((H24000150178 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : 120190000068 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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DUKE ENDEVOR LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

APR 25 2024

Registration Section

TO:

#### **COVER LETTER**

TO: Registration So Division of Cor		A .	ş - *
	DENOR LLC		
SUBJECT:	Nume of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following.	
	Rubem Souza		
		Name of Person	<del></del>
	Medeiros Souza corp		
		Firm/Company	
	1711 Amazing Way, Ste 2	13	
		Address	· · · · · · · · · · · · · · · · · · ·
	Ococe, FL 34761		
		City/State and Zip Code	
	contact@medeirossouza.co		
En Augher indonesias a		to be used for future annual report not	lification)
	oncerning this matter, please c		
Rubem Souza		407 326 - 8484 at ()	
Name o	ı <sup>r</sup> Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration (		Street Address: Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

To:

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUKE ENDEVOR LLC				
(Name of the Limi	ted Linbility Company as it (A Florida Limited Liability	now appears on our records.) Company)	·	
The Articles of Organization for this Limited L. Florida document number 1.24000058019	iability Company were fi	red on 01/31/2024	and ass	signed
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	of the limited liability co	mpany here:		
The new name must be distinguishable and contain the v	·	pany," the designation "LLC" or the	abbreviation "L	L.C."
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>	****		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>			
B. If amending the registered agent and/or agent and/or the new registered office addre		on our records, <u>enter the na</u>	ame of the ne	w registere
Name of New Registered Agent:	MEDEIROS SOUZA O	ORP	AFR 2	<u>:</u>
New Registered Office Address:	1711 Amazing Way, S	te 213	ŧ.	
•		Enter Florida street address	Ыd	* ; 7.
	Ococc	, Florida	34701 🚫	
	Cij		Zip Colk	

#### 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

# 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	Name	<u>Address</u>	Type of Action
AR	Antonio J Nassar Rodrígues	6965 PIAZZA GDE AVE SUITE 309	<b>∃</b> Add
		ORLANDO, FL 32835	
			[] (Change
			□Add
			Remove
			TChange
			LAdd
			□Remove
		<del> </del>	DChange
			□Add
		<del></del>	□Remove
		<u></u>	□Change
			□Add
			∐Remove
			□ Change
			□Adđ
			Remove
			UChange

				<u> </u>	<del></del>
				<u> </u>	
		<del></del>			
<del></del>	<u></u>	··			
	<del></del>	<del></del>			
				<del></del>	
	<del></del> _	<u> </u>	<del></del>		<del>.</del>
					-
	<del></del>	<del></del>			<u> </u>
			<del>_</del>		
	· · · · · · · · · · · · · · · · · · ·				
				<u> </u>	
Fective date, if other than the n effective date is listed, the date m tte: If the date inserted in this t	ust be specific and canno block does not meet the	ot be prior to date of he applicable statt			
cument's effective date on the l					
cument's effective date on the le ecord specifies a delayed effecti is filed.	ve date, but not an ef	fective time, at 12	:01 a.m. on the ear	dier of: (b) The 9	10th day after the
ecord specifies a delayed effecti	0.4	/24/2024		dier of: (h) The 9	Nuh day after the
ecord specifies a delayed effecti is filed.	0.4	/24/2024	RL		Nith day after the

2024-04-24 20:21 40 GMT

14076046519

From: RUBEM SOUZA

To:

. Page: 7 of 7