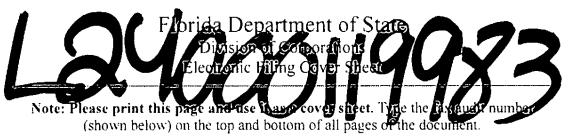
11/19/24, 2.15 PM

Division of Corporations



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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.\*\* ġ,

Email Address: contact@medeirossouza.com

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **AVELIN PROCESS SOLUTIONS LLC**

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

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THEMIEUX DEC - 3 ZUZY Registration Section

TO:

### From: RUBEM SOUZA

## **COVER LETTER**

Division of Cor	rporations		
AVELIN F	PROCESS SOLUTIONS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The anglesed Articles of	Amendment and fee(s) are sub	mitted for tiling	
		•	
Please return all 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	<del></del>
	O PL 24741		
	Ococe, FL 34761		
	contact@medeirossouza.com	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please or	all:	
Rubem Souza		407 326 - 8484	
	of Person	407 326 - 8484 at ()	Talanhaw Number
Natue	R I CISM	Mea code Dayana.	. ren prome without
Enclosed is a check for the			
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration !		Registration Sec	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

To:

#### From: RUBEM SOUZA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVELIN PROCESS SOLUTION:			
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on 03/0	08/2024 and assigned	
Florida document number 1.24000119983	,		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LEC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE.	ET ADDRESS)	<u> </u>	
		<b>A.</b>	
Enter new mailing address, if applicable:		2921 DEC	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre			<u>stere</u>
agent and/or the new registered office additi	.ss nere.	··· \; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
Name of New Registered Agent:	MEDEIROS SOUZA CORP	9	
New Registered Office Address:	1711 Amazing Way, Ste 213		
	Enter Floria	da street address	_
	Ocoee	, Florida <sup>34761</sup>	
	City	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 Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

From: RUBEM SOUZA

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Avelino Da Silva, Carlos H	1552 BROKEN OAK DR	□Add
		WINTER GARDEN, FL 34787	■Remove
			□Change
AMBR	Avelin Pro Solutions Corp	1552 BROKEN OAK DR	<b>. . .</b> Add
		WINTER GARDEN, FL 34787	□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
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Tective date, if other than than effective date is listed, the date mu	e date of filing:		(optional)	/ D. 2. (15.0.5.)
ote: If the date inserted in this becament's effective date on the I	lock does not meet the applical	ole statutory filing requi	rements, this date will not be	listed as ti
record specifies a delayed effecti is filed.	ve date, but not an effective tin	ie, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
Orlando nted	11/19/2024			
aica	· · · · · · · · · · · · · · · · · · ·	- 1		
		ized representative of a mo		_

Filing Fee: \$25.00

Typed or printed name of signee