5/1/24, 2:24 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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068

Phone Fax Number : (407)326-8484 : (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 STEM CAREER USA LLC

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To:

## **COVER LETTER**

TO: Registration Se Division of Cor			•
STEM CAI	REER USA LLC		
SUBJECT:	Name of Lin	ited Liability Company	
	Amendment and fee(s) are sub	•	
Please return all correspo	indence concerning this matter	to the following:	
	Rubem Souza		
	-	Name of Person	
	Medeiros Souza corp		
		Firm/Company	
	1711 Amazing Way, Ste 2	13	
		Address	· · · · · · · · · · · · · · · · · · ·
	Ocnee, FL 34761		
		City/State and Zip Code	
	contact@medeirossouza.co		
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	fication)
Rubem Souza		407 326 - 8484 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
S35,00 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)
Mailing Addres Registration 5		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	7	The Centre of T	l'allahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

To:

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEM CAREER USA LLC			
(Name of the Lim	ited Linbility Company as it now appears (A Florida Limited Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{04/2}{2}$	5/2024	and assigned
Florida document number 1.24000188153	<del></del> .		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	signation "LLC" or the abbrev	ation "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:			2621
(Mailing address MAY BE A POST OFFICE		- 1-	2024 H.:
			1 -
B. If amending the registered agent and/or	rugistored office address on our re-	wede enter the name of	the naw registers
agent and/or the new registered office addre		.orus, <u>enter the name or</u>	ယ္ က
		•	#
Name of New Registered Agent:	MEDEIROS SOUZA CORP	·	
New Registered Office Address:	1711 Amazing Way, Ste 213		
	Enter Flora	la street address	
	Ococe	, Florida <u>34761</u>	
	Ciry		ip 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

To:

<u>Title</u>	<u>Name</u>	Address 1	ype of Action
AMBR	AXOLOTUS CORP	1711 AMAZING WAY, STE 213, OCOEE, FL, 34761	■Add
			27.00
			∏Remove
			Change
<del></del>		<del></del>	. □Add
		<del></del>	□Remove
			∏Change
		480.	□Add
			□Remove
			□Change
		<del></del>	□Add
			Remove
		<del>.</del>	□Change
			∏Add
			∐Remov <b>e</b>
			□Change
			□Add
			□Remove
			□Change

D. If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	he date of filing:
If the record specifies a delayed effect record is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the
Dated Orlando	, 05/01/2024
<u> </u>	Signature of a member or authorized representative of a member
Rubem Souza	
<del></del>	Typed or printed name of signer

2024-05-01 18:27:49 GMT

14076046519

From: RUBEM SOUZA

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To: