

10/31/24, 3:58 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

((H24000363829 3)))



H240003638293ABC4

**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 : 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@medeirosouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
STRETCH X LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

NOV - 1 2024

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STRETCH X LLC

\_\_\_\_\_  
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:

Rubem Souza

\_\_\_\_\_  
Name of Person

Medeiros Souza corp

\_\_\_\_\_  
Firm/Company

1711 Amazing Way, Ste 213

\_\_\_\_\_  
Address

Ocoee, FL 34761

\_\_\_\_\_  
City/State and Zip Code

contact@medeirosouza.com

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

For further information concerning this matter, please call:

Rubem Souza

407 326 - 8484

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

STRETCH X LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2024 OCT 31 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/01/2024 and assigned  
Florida document number L24000197117.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

412 NORTH PINE HILLS ROAD, UNIT 130

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32811

Enter new mailing address, if applicable:

412 NORTH PINE HILLS ROAD, UNIT 130

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32811

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: MEDEIROS SOUZA CORP

New Registered Office Address: 1711 Amazing Way, Ste 213

*Enter Florida street address*

Ocoee


*City*

Florida 34761

*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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                  | <u>Address</u>                      | <u>Type of Action</u>                      |
|--------------|------------------------------|-------------------------------------|--|
| AMBR         | OSMAR DA SILVA COSTA JUNI    | 912 PAWSTAND RD.                    | <input type="checkbox"/> Add               |
|              |                              | CELEBRATION, FL 34747               | <input checked="" type="checkbox"/> Remove |
|              |                              |                                     | <input type="checkbox"/> Change            |
| AMBR         | Otávio Martins do Nascimento | 412 NORTH PINE HILLS ROAD, UNIT 130 | <input checked="" type="checkbox"/> Add    |
|              |                              | ORLANDO, FL 32811                   | <input type="checkbox"/> Remove            |
|              |                              |                                     | <input type="checkbox"/> Change            |
|              |                              |                                     | <input type="checkbox"/> Add               |
|              |                              |                                     | <input type="checkbox"/> Remove            |
|              |                              |                                     | <input type="checkbox"/> Change            |
|              |                              |                                     | <input type="checkbox"/> Add               |
|              |                              |                                     | <input type="checkbox"/> Remove            |
|              |                              |                                     | <input type="checkbox"/> Change            |
|              |                              |                                     | <input type="checkbox"/> Add               |
|              |                              |                                     | <input type="checkbox"/> Remove            |
|              |                              |                                     | <input type="checkbox"/> Change            |

2024 OCT 31 PM 4:05  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED

