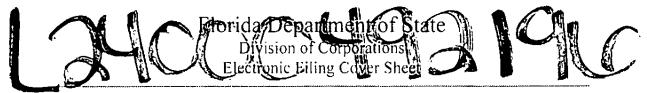
Division of Corporations



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.

(((H24000391216 3)))



H2400039121634BC

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 Calculation and address please.

Segretaria Address: Contact@medeirossouza.com

"LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 6400 E COLUMBUS LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |



Electronic Filing Menu

Corporate Filing Menu

Help

From: RUBEM SOUZA

COVER LETTER

| | tion Section of Corporations | | | | |
|---|---|--|----------------------------------|--|--|
| | 0 E COLUMBUS LLC | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | |
| The enclosed Artic | cles of Amendment and fee(s) are su | abmitted for filing. | | | |
| Please return all co | orrespondence concerning this matte | er 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@medeirossouza.co | | | | |
| | E-mail address: | (to be used for future annual report notification) | | | |
| For further inform | ation concerning this matter, please o | call: | | | |
| Rubem Souza | | 407 326 - 8484 at () | | | |
| | Name of Person | at () Area Code Daytime Telephone Number | | | |
| Enclosed is a chec | k for the following amount: | | | | |
| ■ \$25.00 Filing | Fee S30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certified (| of Status & | | |
| Mailing A Registra | | Street Address: Registration Section | | | |
| Registration Section Division of Corporations | | Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 81 | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIONED

OF 2024 NOV 25 PM 5: 18

| 6400 E COLUMBUS LLC | | | |
|---|---------------------------------------|--|--|
| (Name of the Limi | ted Liability Con (A Florida Limit | npany as it now appears on our records.) ed Liability Company) | \ |
| The Articles of Organization for this Limited L Florida document number 11/22/2024 | iability Compa | iny were filed on 1.24000492196 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited li | ability company here: | |
| The new name must be distinguishable and contain the | words "Limited Li | ability Company," the designation "LLC" or the | e abbreviation "L.1C." |
| Enter new principal offices address, if applicable: | | 1711 Amazing Way, Ococe, FL 347 | 61 |
| (Principal office address MUST BE A STRE) | E <u>T ADDRESS)</u> | | |
| Enter new mailing address, if applicable: | | 1711 Amazing Way, Ocoee, FL 34761 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | ······································ |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | ce address on our records, enter the r | ame of the new register |
| Name of New Registered Agent: | MEDEIROS SOUZA CORP | | |
| New Registered Office Address: | 1711 Amazi | ng Way. Ste 213 | |
| <u>.</u> | | Enter Florida street address | |
| | Ocoee | Florida | 34761 |
| | | 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 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> | Address | Type of Action |
|-----------------------|-----------------------------|------------------------------------|-----------------|
| | COUNTING STARS HOLDINGS INC | 1711 Amazing Way, Ocoee, Fl. 34761 | □Add |
| | | | □Remove |
| | | | = Change |
| CHAEN INVESTMENTS LLC | CHAEN INVESTMENTS LLC | 1711 Amazing Way, Ocoee, FL 34761 | 🗀 Add |
| | | □Remove | |
| | | | ■ Change |
| | | | □Add |
| | | | □Remove |
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| | | | □Add |
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From: RUBEM SOUZA

Page: 7 of 7

Typed or printed name of signee