14076046519

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068 : (407)326-8484 Phone 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 CORNERSTONE DESIGNS & MANAGEMENT LLC

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TO:

Registration Section

## **COVER LETTER**

| Division of Cer                        | porations                                    |  |  |  |
|--|--|--|--|--|
| CORNERS                                | TONE DESIGNS & MANAG                         | EMENT LLC  |  |  |
| Name of Limited Liability Company      |  |  |  |  |
| The enclosed Articles of               | Amendment and fec(s) are sub                 | emitted for filing.  |  |  |
| 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  |  |  |
|  | Ococc, FL 34761                              |  |  |  |
|  | <del></del>                                  | City/State and Zip Code  |  |  |
|  | rontact@medeirossot.za.co                    | m<br>to be used for future annual report not                       | Himbon)  |  |
|  |  |  | meanony  |  |
| ror turmer information c               | oncerning this matter, please c              | ан.  |  |  |
| Rubem Souza                            |  | 407 326 - 8484<br>at ()  |  |  |
| Name o                                 | f Person                                     | Area Code Daytin   | ne Telephone Number  |  |
| Enclosed is a check for t              | ne following amount:                         |  |  |  |
| ■ S25.00 Filing Fee                    | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ 555.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| Mailing Address Registration S         | Section                                      | Street Address:<br>Registration Sc<br>Division of Co               |  |  |
| Division of Corporations P.O. Box 6327 |  | The Centre of  | Division of Corporations The Centre of Tallahassee   |  |
| Tallahassee, FL 32314                  |  | 2415 N. Monre  | 2415 N. Monroe Street, Suite 810   |  |

Tallahassee, FL 32303

• . Page: 5 of 7

To:

2024-04-19 16:43:24 GMT

14076046519

## From: RUBEM SOUZA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lim   | ited Liability Company as it now appears of<br>(A Florida Limited Liability Company) | <u>n uar records.</u> )                    |
|--|--|--|
| The Articles of Organization for this Limited Florida document number M23000014703     | Liability Company were filed on 11/16/   | 2023 and assigned                          |
| This amendment is submitted to amend the fol   | llowing:   |  |
| 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 desig   | unation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli  | cable:   |  |
| (Principal office address MUST BE A STRE   | ET ADDRESS)  |  |
|  |  | 20   |
|  |  | erre<br>Veryp<br>Ser 19                    |
| Enter new mailing address, if applicable:  |  | J  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | <u> </u>                                   |
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|  |  | Ÿ  |
| B. If amending the registered agent and/or agent and/or the new registered office addr | ess here:  | rds, enter the name of themew register     |
| Name of New Registered Agent:  | MEDEIROS SOUZA CORP  |  |
| New Registered Office Address:   | 1711 Amazing Way, Ste 213  |  |
| -  | Enter Florida  | street oddress                             |
| Ococe  |  | , Florida 34761 Zip Code                   |
|  | City   | Zip Code                                   |
| New Registered Agent's Signature, if changing  | Deminstrated America   |  |

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

To:

| <u>Title</u> | Name                       | Address              | Type of Action |
|--------------|----------------------------|----------------------|----------------|
| AMBR         | Crissian Laiza Amoni Silva | 34601 CALLE NARANJA  | ■Add           |
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Page: 7 of 7 2024-04-19 16:43.24 GMT 14076046519 To: From: RUBEM SOUZA D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: It the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be listed as the

| If the record specifies a delayed e record is filed. | effective date, but not an effective time, at 12:01 a.m. on the earlier of: | (h) The 90th day after the |
|--|---|----------------------------|
| Orlando<br>Dated                                     | 04/19/2024  |                            |
| R  | <u></u>   |                            |
|  | Signature of a member or authorized representative of a member              |                            |
| Rubem Souza  |   |                            |
|  | Typed or printed name of signee   |                            |

document's effective date on the Department of State's records.