10/6/2022 Page:



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.

(((H220003436443)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

26

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111 Phone : (407)800-7028 Fax Number : (407)992-9407

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUSA & ASSOCIATES INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

| SUBJECT: | SOUSA & ASSOCIA | ATES INC |
|-------------------------|----------------------------------|--|
| | | nited Liability Company |
| The enclosed Articles | of Amendment and fee(s) are su | bmitted for filing. |
| Please return all corre | espondence concerning this matte | r to the following: |
| | Maria C Sousa | |
| | | Name of Person |
| | Sousa & Associcates Inc | |
| | | Firm/Company |
| | 5728 Major Blvd Ste 309 | |
| | | Address |
| | Orlando Florida 32819 | |
| | | City/State and Zip Code |
| | info@sousaacc.com | |
| | E-mail address: | (to be used for future annual report notification) |
| For further information | n concerning this matter, please | call: |
| Maria C Sousa | | 407 8007028 at () |
| Nan | ie of Person | at () |

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

1122 000 343 6443

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TO:18506176383 FROM:4079929407

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

| he Articles of Organization for this Limited Liability Company were filed in Florida document number P13000102281 | 12/30/2013 | |
|---|-------------------------------|---------------------------|
| n Florida document number P13000102281 | | and assigned |
| | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability compan | ny here: | |
| SA Finance and Accounting Inc The new name must be distinguishable and contain the words "Limited Liability Company." | 'the designation "LLC" or t | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here: Name of New Registered Agent: | our records, <u>enter the</u> | name of the new regis |
| New Registered Office Address: | ter Florida street address | |
| ing | | |
| City | , Floric | IaZip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |

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

| $\mathbf{S}(\mathbf{A}, \mathbf{A}, \mathbf{A},$ | Page: | 8 | 10/6/2022 | 11:31 AM | TO:18506176383 | FROM:4079929407 |
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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 = N AMBR = A | lanager Authorized Member | · | |
|---------------------|------------------------------|---------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
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| | ding any other informa | | | | | |
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| Note 1 | ve date, if other than the ctive date is listed, the date mu if the date inserted in this b int's effective date on the L | lock docs not meet th | e applicable statul | ory tinng requires | nems, mis date win | suant to 605.0207 (2 not be listed as th |
| he record ord is file | specifics a delayed effecti ed. | ve date, but not an eff | ective time, at 12: | 01 a.m. on the car | tier of: (b) The 90t | th day after the |
| Dated _ | October 6th | | 2022 . | | | |
| | | Maria C Sou | | | | |
| | | Signature of a membe | r or authorized repr | esentative of a mem | her | |
| | | | | | | |

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