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.

(((H210004450673)))



H210004450673ABC\$

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : 3P GLOBAL BUSINESS

Account Number : I20130000083 : (305)359-3700 : (786)217-1243 Fax Number

**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 AMETISTA INVESTMENTS LLC Certificate of Status Û Certified Copy 04 Page Count \$25.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:

Registration Section Division of Corporations (HZ10004450673)

SUBJECT:	AMETISTA	INVESTMENTS LLC		
· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
		SONIA BOTERO		
		Name of Person		
	JP GLOBAI	BUSINESS SOLUTIONS INC		
		Firm/Company		
	1395 BR	SICKELL AVE SUITE 1380		
		Address		
		MIAMI, FL 33131		
		City/State and Zip Code		
MASTER@JPGBUSINESS.COM				
	E-mail address: (to be used for future annual report noti	fication)	
For further information o	oncerning this matter, please c	all:		
SONIA I	BOTERO	305 359-3700		
Name of Person		at () Area Code Daytim	e Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 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 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**

Page: 1i

(421000445067 3)

	ametista inves					
(Name of the Limited L (A F	Liability Company a Florida Limited Liabi	s it now appears on lity Company)	our records.)			
The Articles of Organization for this Limited Liabi	ility Company wer	e filed on	9/22/2010	and assi	gned	
Florida document numberL10000099497	·					
This amendment is submitted to amend the followi	ing:					
A. If amending name, enter the new name of th	ne limited liability	company here:				
The new name must be distinguishable and contain the word	ls "Limited Liability C	ompany," the design	nation "LLC" or the ab	breviation "L.I	C."	
Enter new principal offices address, if applicabl	le: _	· <u> </u>		·-··		_
(Principal office address MUST BE A STREET A	ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>					_
B. If amending the registered agent and/or regi agent and/or the new registered office address h	istered office add here:	ress on our recoi	rds, <u>enter the nam</u>	e of the new		<u>tere</u>
Name of New Registered Agent:					2021 Q E	
New Registered Office Address:		Enter Florida :		<u> </u>	<u> </u>	
		enier i lorida s		### !!!	7 P	.E0
-		City	, Florida	Zip Gode	<u> </u>	_
New Registered Agent's Signature, if changing Reg	istered Agent:	-		Zip-Gode	C-7 PM 1:02	
I hereby accept the appointment as registered a	agent and agree t	o act in this cap	acity. I further ag	ree to comp	ly wit	h th

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: (H21000445067 3)

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	SILVEIRA PACHECO, LILIA M	1395 BRICKELL AVE SUITE 650	□Add
		MIAMI, FL 33131	≘Remove
			Change
MGR	DE SAMPAIO BARROS, MARCE	1395 BRICKELL AVE SUITE 650	□Add
	SILVEIRA	MIAMI, FL 33131	=Remove
			☐ Change
AMBR	SALSALITO 2021 ENTERPRISES LTD	Rua Timburi, 456, Alphaville, Campinas	■Add
		SP CEP 13098-301, Brazil	Remove
			Change
			□Add
			□Remove
			□Change
			DAdd
			Change
_ _			□Add
			□Remove
			Change

Flective date, if other than the date of filing: 1/29/2021	D. If amendin	g any other inform	nation, enter chang	je(s) here: (Attac	k additional shee	ts, (fnecessary.)	•
Iffective date, if other than the date of filing: 11729/2021	 .						
ffective date, if other than the date of filing: 11/29/2021 (optional) 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 605.0 (optional) (opti			:	· ·			
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