## 11900035473

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>;</del> #) ·
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## **COVER LETTER**

	Registration Sec Division of Corp					
OUD ID O		nternational Investment	s LLC			
SUBJEC	1;	Name of Lim	ted Liability Company			
The enclo	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please ret	um all correspo	ndence concerning this matter	to the following:			
		Carla Fernandez				
			Name of Person			
		<del></del>	Firm/Company			
		493 Castle Dr			<u>1.0</u>	
			Address		2015 MAR	-17
		Naples Florida 3411	9		第1	- Chicago
			City/State and Zip Code		288 <b>5</b>	Contraction of
		Carla@dfcmedia.con	1 to be used for future annual report notific			!   1
For furthe	er information co	e-mail address: (	•	cation)	STATE STATE	
Dougla	ıs Barbosa		239 206-4526			•
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate C Certified Cc (additional cop	of Status &	
		1		CR ADDRESS		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	any as it now appears on our records.)	<del></del>
(A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000025473</u>	y were filed on 19th of February, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Lie	ability Company." the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	493 Castle Dr Naples Florida 3	34119
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	493 Castle Dr Naples Florida 3	34119
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he  Name of New Registered Agent:  New Registered Office Address:		the name of the new  ALLAHASSIE FLO
<del></del> -	City	Zin Cade U
T		't≽1''' <b>'`</b>

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carla Fernandez	5007 Fairhaven Lane	
		Naples Florida 34109	Remove
MGR	Andre A Theodore Bucsan	231 Av Presidente Wilson 29	■ Add
		Rio de Janeiro RJ Brazil 20030-020	Remove
MGR	Carlos Alberto V Neves	42 Rua Marquesa De Santos 1104	<b>■</b> Add
		Rio de Janeiro RJ Brazil 22221-080	□ Remove
MGR	Sebastião F Brasil	Rua Capitão Leonideo Soares 209	Add
		Planalto, Belo Horizonte Brazil 31720-	
MGR	Luiz Antonino M Ribeiro	Rua Teodoro Braga 111 #104	S S
		Rio De Janeiro RJ Brazil 21920-236	S S Remove
MGR	Luiz Felipe D Ribeiro	Rua Teodoro Braga 111 #104	<b>M</b> Add
		Rio De Janeiro RJ Brazil 21920-236	Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action Address** <u>Title</u> Name MGR Luiz A De Castro Santos Rua Alberto De Gois 1533/4A ■ Add Campo Belo São Paulo Brazil 04610-004 ☐ Remove □ Add \_□ Remove \_□ Add ☐ Remove □ Add \_□ Add \_\_\_\_ Remove

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-	
Effecti	ive date, if other than the date of filing:
(The effe	ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date	e this document is filed by the Florida Department of State)
	3rd of March 2015
	3rd of March 2015

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