L17:0000 25477

(Re	questor's Name)	_
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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. (Bu	siness Entity Nar	ne)
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DIVISION OF CORPORATIONS

O SIMMONS
OCT 0.7 2016

COVER LETTER .

TO: Registration Section Division of Corpor				
SUBJECT: Ril	peiro Internat Name of Limit	ional Invested Liability Company	stments	LIC
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	nce concerning this matter to	o the following:		
	Carla	L Fern	andez	
		Firm/Company		
	493	Castle	br	
		Address		-
	Nades	City/State and Zip Co	34119	
-	Carla E-mail address: (to	City/State and Zip Co DFC Medico be used for future ann	ode - Com ual report notificati	on)
For further information conce			·	,
Corla L F		at (<u>739</u>)	287-7	F26
Name of Pea	son	Area Code	Daytime Tel	ephone Number
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy is	,	☐ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

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

Pribeiro Internation	al Investments	LIC_
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our recordability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 13 0000 25473</u> .	were filed onO2.i9.	2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
NIA		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4/4	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:	414	18 OCT -6 AM 11: 58
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ice address on our record	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	22
	, Fl	orida
New Degistered Agent's Signature if shanging Degistered Agent.	Cny	Zip Code

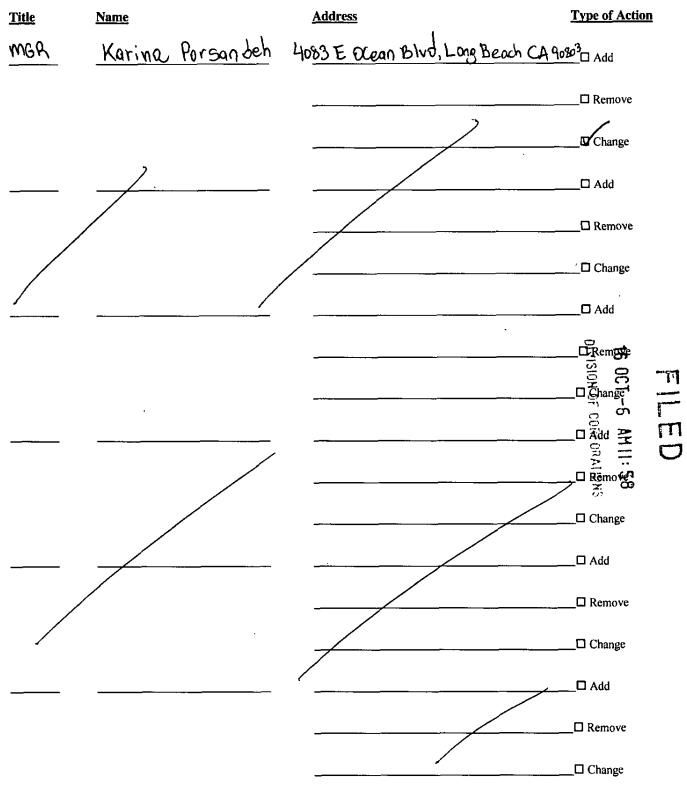
New Registered Agent's Signature, if changing Registered Agent:

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 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



Page 2 of 3

				
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Effective date, if other the (If an effective date is listed, the	nan the date of filing: date must be specific and cannot be	e prior to date of filing or more th	(optional)	110HS

Page 3 of 3

Filing Fee: \$25.00