## L13000165060

(Re	questor's Name)	
(Add	dress)	
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CHIDA	+	RCOSUR INVESTMENTS LI	LC	
SUBJI	ECI:	Name of Lim	ited Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
	·	EDWARD BOUSTANI		
			Name of Person	
		EURO MERCOSUR INV	ESTMENTS LLC	
			Firm/Company	
		13961 SW 122ND AVE #	301	·
			Address	
		MIAMI FL 33186		
		·	City/State and Zip Code	
		EUROMERCOSUR1@GM		
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	all:	
EDWA	ARD BOUSTANI		786 8972609	
	Name o	f Person		: Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>\$</b> 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

AM 8: 51

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EURO MERCO SUR I must ment LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on NOV 25 2013 and assigned
Florida document number L13000165060	· · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	PRESS)
Futur vary mailing address if applicables	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Muning unitess MAT BE AT OST OFFICE BOX	
registered agent and/or the new registered office ad  Name of New Registered Agent:	istered office address on our records, <u>enter the name of the new</u>
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Register	red Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability SCORE OF ALL OF ARE SERVICED OF ARE S
	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

<u>Title</u>	Name	Address	Type of Action
MGR	LUIZ OLIVEIRA FILHO	13961 SW 122ND AVE #301 MIA FL 33/86	<b>=</b> Add
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e: If the date inserted in this ument's effective date on the	he date of filing:  nust be specific and cannot be prior to date of filing or block does not meet the applicable statutory fili Department of State's records.  red effective date, but not an effective ecord is filed.	ing requirements, this date	e will not be ii
·			15 J
, JUNE 12	2015		JUN 2
ed			20 TARY ASSEE
ed	Signature of a member or authorized representative	ve of a member	20 AM 8:51 ARY OF STATE SSEE, FLORIDA

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Filing Fee: \$25.00