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| TO; | Registration Se Division of Cor | | | | | | |
|----------------|------------------------------------|--|---|--|--|--|--|
| erta ir | | OF AMERICA, LLC | | | | | |
| SUBJE | C1: | P: | | | | | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please r | eturn all correspo | ondence concerning this matter | to the following: | | | | |
| | | OBISMAR DE MELO MO | OURA | | | | |
| | | FERRARI OF AMERICA | Name of Person , LLC | | | | |
| | | 7837 SUGAR BEND DR | Firm/Company | | | | |
| | | ORLANDO, FL 32819 | Address | | | | |
| | | info@treasure.solutions | City/State and Zip Code | | | | |
| | | E-mail address (| to be used for future annual report notif | ieation) | | | |
| For furt | her information e | oncerning this matter, please ea | all: | | | | |
| OBISM | IAR DE MELO S | MOURA | 407 4508970 | | | | |
| Name of Person | | at () Area Code Daytimo | e Telephone Number | | | | |
| Enclose | d is a check for th | ne following amount: | | | | | |
| □ \$ 25 | .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 | | | |
| | MAIL | ING ADDRESS: | STREET/COURT | ER 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 Compa V Florida Limited | ny as it now appears on our re- liability Company) | cords.) | |
|--|--------------------------------------|---|--------------------------------------|--|
| The Articles of Organization for this Limited Lia Florida document number [L14000146843 | | were filed on | and assigned | |
| This amendment is submitted to amend the follow | ving: | | | |
| A. If amending name, enter the new name of t | he limited liab | ility company here: | | |
| EDUTECH RESEARCH LLC | | | | |
| The new name must be distinguishable and contain the wor | rds "Limited Liabi | lity Company," the designation " | T.L.C" or the abbreviation "L.1, C." | |
| Enter new principal offices address, if applical | hle- | 7837 SUGAR BEND DR | <u>≅</u> | |
| (Principal office address MUST BE A STREET | | ORLANDO, FL, 32819 | | |
| | | | F. 6 | |
| Enter new mailing address, if applicable: | | 7837 SUGAR BEND DR | 75 - 29 Fig. 3 | |
| . ,, | (NE) | ORLANDO, FL. 32819 | | |
| (Mailing address MAY BE A POST OFFICE B | <u>(7,1)</u> | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | ce address her | | ords, enter the name of the n | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | 7837 SUGAR BEND DR | | | |
| | Enter Florida street address | | | |
| | ORLANDO | | , Florida 32819 Zip Code | |
| | | | | |

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

Page 1 of 3

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> MGRM | <u>Name</u> SAMOEL HAPPEL | Address 5950 LAKEHURST DR SUITE 182 | Type of Action |
|----------------------|------------------------------|---|---------------------------------------|
| | | ORLANDO, FL 32819 | □ Add |
| | | | ■ Remove |
| | | <u>,</u> | Change |
| AMBR | CLAUDIO MAFRA | 5950 LAKEHURST DR SUITE 182 | □ Add |
| | | OREANDO, FL 32819 | |
| | | | ■ Remove |
| | NAILSON RAMOS | 5950 LAKEHURST DR SUITE | □ Change |
| AMBR | | 182 | 🗆 Add |
| | | ORLANDO, FL 32819 | |
| | | | Remove |
| | | | Chan 🚰 |
| AMBR | OBISMAR DE MELO MOURA | 7837 SUGAR BEND DR | Sanda Co |
| | | ORLANDO, FL, 32819 | |
| | | | · · · · · · · · · · · · · · · · · · · |
| AMBR | JULIANA RIGOTTO MOREIRA | 7837 SUGAR BEND DR | ≥ □ Change |
| | | AND AND A PLANTIN | Add |
| | | ORLANDO, FL, 32819 | Remove |
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| L'Contin | e date, if other than the date of filing: (optional) | |
| (If an effec <u>Note:</u> I | tive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records. | 0207 (3 mb d as the |
| the reco | and specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlies 90 th day after the record is filed. | r of: |
| | Orlando, August 27 | |
| | Signature of a member of authorized representative of a member | |
| | comparison for an institution for maintain to the first of the first the first time of the first time. | |
| | ANTHONY PORTIGLIATTI | |

Page 3 of 3

Filing Fee: \$25.00