

L14000 151868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

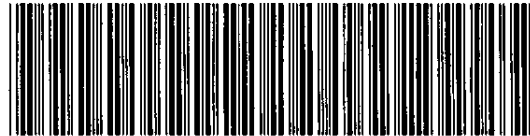
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 JUN 22 PM 2:16  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUN 23 2015  
J. HARRIS



Miami, June 18, 2015

CODE: 2460

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

REF: META ONE ADVISORY LLC  
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Dear All,

Please find attached the following document regarding to the above mentioned:

- 1) Cover Letter & Articles of Amendment to Articles of Organization dully signed
- 2) Check number #104 from Chase Bank in the amount of \$25.00 as payment fee

Please feel free to contact me for any additional information

Thank you very much for your special attention to this request.

Very truly yours,

InterCorp International Group  
Carolina Ribeiro

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **META ONE ADVISORY LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**CAROLINA RIBEIRO**

Name of Person

**INTERCORP INTERNATIONAL GROUP INC**

Firm/Company

**150 SE 2ND AVE, SUITE 808**

Address

**MIAMI, FL 33131**

City/State and Zip Code

**carolina@intercorpgroup.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**CAROLINA RIBEIRO**

Name of Person

at **(305) 371-2858**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**META ONE ADVISORY 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 09/29/2014 and assigned  
Florida document number L14000151868.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)**

150 SE 2ND AVENUE

SUITE 804

MIAMI, FL 33131

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

150 SE 2ND AVENUE

SUITE 808

MIAMI, FL 33131

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

INTERCORP INTERNATIONAL GROUP INC

New Registered Office Address:

150 SE 2ND AVENUE, SUITE 808

Enter Florida street address

MIAMI

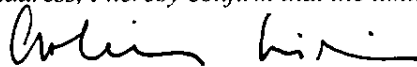
City

Florida 33131

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 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>	<u>Address</u>	<u>Type of Action</u>
<u>AR</u>	<u>SUZANA BETHLEM</u>	<u>785 CRANDON BLVD</u>	<input type="checkbox"/> Add
		<u>APT 506</u>	<input checked="" type="checkbox"/> Remove
		<u>KEY BISCAWAYNE, FL 33149</u>	
<u>MGR</u>	<u>LEONARDO BRAUNE</u>	<u>150 SE 2ND AVE</u>	<input checked="" type="checkbox"/> Add
		<u>SUITE 808</u>	<input type="checkbox"/> Remove
		<u>MIAMI, FL 33131</u>	
<u>MGR</u>	<u>MARCOS PINHEIRO DE ANDRADE</u>	<u>150 SE 2ND AVE</u>	<input checked="" type="checkbox"/> Add
		<u>SUITE 808</u>	<input type="checkbox"/> Remove
		<u>MIAMI, FL 33131</u>	
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

**OWNERSHIP DISTRIBUTION:**

**WILLIAM BETHLEM = 33.33%**

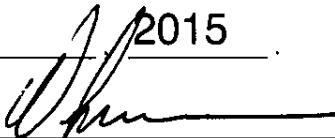
**LEONARDO BRAUNE = 33.33%**

**MARCOS PINHEIRO DE ANDRADE = 33.33%**

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **JUNE 15** **2015**

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**WILLIAM BETHLEM**

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA