

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L1600012194

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000315775 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

**To:**  
 Division of Corporations  
 Fax Number : (850) 617-6383

**From:**  
 Account Name : TAXLEAF.COM INC  
 Account Number : I20140000084  
 Phone : (305) 541-3980  
 Fax Number : (305) 541-7033

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 16 DEC 27 AM 11:21

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 MJVL INTERNATIONAL PETROLEUM LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED  
 2016 DEC 27 PM 12:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DEC 28 2016  
 J. HARRIS

H16000315775 3  
**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MJVL INTERNATIONAL PETROLEUM 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 01/19/2016 and assigned  
Florida document number L16000012194.

This amendment is submitted to amend the following:

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

ORIGINAL ACAI LLC

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:

3301 NE 1st AVE APT M405

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33137

Enter new mailing address, if applicable:

3301 NE 1st AVE APT M405

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33137

FILED  
16 DEC 27 AM 11:22  
CLERK OF COUNTY OF DADE  
CORPORATION DIVISION

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

Florida

*City*

*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:

H16000315775 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DE ABREU RODRIGUES, PABLO	301 174TH ST APT M7 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	JUCA, VANESSA B	301 174TH ST APT M7 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	BARCELOS DE ARAUJO, DIOGO	3301 NE 1st AVE APT M405 MIAMI, FL 33137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	BRUNO JUCA, VANESSA	3301 NE 1st AVE APT M405 MIAMI, FL 33137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
 DEPT OF STATE  
 16 DEC 27 AM 11:22

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

H16000315775 3

**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 December 23rd 2016



Signature of a member or authorized representative of a member

**DIOGO BARCELOS DE ARAUJO**

Typed or printed name of signee

FILED  
CLERK OF STATE  
16 DEC 27 AM 11:22