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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL COM

Account#: I20000000088 June 17, 2021 Date:__ **David Shulman** Name:_ 1348577 Reference #:_____ **Nonsense Creations LLC** Entity Name:_____ Articles of Incorporation/Authorization to Transact Business ✓ Amendment) Change of Ag<u>ent</u>ノ **ISSUES? CALL** Reinstatement David: 850-270-0082 Conversion ☐ Merger ☐ Dissolution/Withdrawal Fictitious Name Other _____ Authorized Amount: \$25.00 David Shulman

-1.212.947.7200

Signature:

+852,3975,1803

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nonsense Creations LLC			
(Name of the Limi	ted Liability Company as (A Florida Limited Liabili	it now appears on our records (ty Company)	<u>)</u>
he Articles of Organization for this Limited L		filed on July 20, 2017	and assigned
orida document number L17000155212			
is amendment is submitted to amend the following	owing:		
If amending name, enter the new name of	of the limited liability	company here:	
e new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC"	or the abbreviation "L.L.C."
ater new principal offices address, if appli	cable:		
rincipal office address MUST BE A STREI	<u> ET ADDRESS)</u>		
ter new mailing address, if applicable:			<u> </u>
<u>lailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>		
	_		
If amending the registered agent and/or	registered office addr	ess on our records, enter '	the name of the new registe
ent and/or the new registered office addre	ess here:	<u></u>	9
Name of New Registered Agent:	COGENCY GLOBA	AL INC.	
New Registered Office Address:	115 North Calhoun	Street, STE. 4	
THE PROGRAMMENT OF THE PROGRAMMENT.		Enter Florida street address	·
	Tallahassee	Flo	orida <u>32301</u>
		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.

/s/ Eric Hood, Assistant Secretary

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>	<u>Name</u>	Address	Type of Action
AMBR	Alexandre Ottoni de Menezes	Av Visconde de Guarapuava, 4350/305	□ Add
		Curitiba, PR. 80250-901, BR	_ =Remove
			□Change
AMBR	Deive Pazos Gerpe	Av Visconde de Guarapuava, 4350/305	□Add
		Curitiba, PR. 80250-901, BR	= Remove
			□Change
MGR	Eduardo Benjamin Galanternick	Rua Maria Prestes Maia, n. 300	= Adđ
		Carandiru, city of Sao Paulo, state of Sao Paulo, B	eil □Remove
		Zip Code 02047901	□Change
MGR	Maria Isabel Bonfim de Oliveira	Rua Maria Prestes Maia, n. 300	= Add
		Carandiru, city of Sao Paulo, state of Sao Paulo, Braz	zil □Remove
		Zip Code 02047901	□Change
MGR	Roberto Bellissimo Rodrigues	Rua Maria Prestes Maia, n. 300	= Add
		Carandiru, city of Sao Paulo, state of Sao Paulo, Bra	zil □Remove
		Zip Code 02047901	Change
<u>-</u>			□Add
			□Remove
			□ Change

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If an effective Note: If the	ate, if other than the date date is listed, the date must be sp date inserted in this block d effective date on the Depart	necific and cannot be prior to date of filing or more than 90 days after filing) I oes not meet the applicable statutory filing requirements, this date w	Pursuant to 605,0207 ill not be listed as
ie record spec ord is filed.	ifies a delayed effective date	but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
	June 17	2021	
Dated			
		/s/ Roberto Belissimo Rodrigues, Director	
		ture of a member or authorized representative of a member	
hy:	TSHOES HOLDINGS, LLC ROBERTO BELISSIMO RODI		
Fit	le: DIRECTOR	Typed or printed name of signee	

Filing Fee: \$25.00