





**COGENCYGLOBAL**

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

Account#: I20000000088

Date: June 17, 2021

Name: David Shulman

Reference #: 1348577

Entity Name: Nonsense Creations LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other \_\_\_\_\_

**ISSUES? CALL  
David:  
850-270-0082**

Authorized Amount: **\$25.00**

Signature: David Shulman

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Nonsense Creations 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 July 20, 2017 and assigned Florida document number L17000155212.

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 contain 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

COGENCY GLOBAL INC.

New Registered Office Address:

115 North Calhoun Street, STE. 4

*Enter Florida street address*

Tallahassee

*City*

Florida 32301

*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**

FILE  
9:11

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Alexandre Ottoni de Menezes	Av Visconde de Guarapuava, 4350/305	<input type="checkbox"/> Add
		Curitiba, PR. 80250-901, BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Deive Pazos Gerpe	Av Visconde de Guarapuava, 4350/305	<input type="checkbox"/> Add
		Curitiba, PR. 80250-901, BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eduardo Benjamin Galanternick	Rua Maria Prestes Maia, n. 300	<input checked="" type="checkbox"/> Add
		Carandiru, city of Sao Paulo, state of Sao Paulo, Brazil	<input type="checkbox"/> Remove
		Zip Code 02047901	<input type="checkbox"/> Change
MGR	Maria Isabel Bonfim de Oliveira	Rua Maria Prestes Maia, n. 300	<input checked="" type="checkbox"/> Add
		Carandiru, city of Sao Paulo, state of Sao Paulo, Brazil	<input type="checkbox"/> Remove
		Zip Code 02047901	<input type="checkbox"/> Change
MGR	Roberto Bellissimo Rodrigues	Rua Maria Prestes Maia, n. 300	<input checked="" type="checkbox"/> Add
		Carandiru, city of Sao Paulo, state of Sao Paulo, Brazil	<input type="checkbox"/> Remove
		Zip Code 02047901	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

