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COVER LETTER

TO: Registration Se Division of Cor			
) INVESTMENTS, LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CLEITON CARDOSO		
		Name of Person	
	DOMINIUM CONSULTIN	G SERVICES, LLC	
		Firm/Company	
	6965 PIAZZA GRANDE	AVE, SUITE 206	
		Address	
	ORLANDO - FL - 32	835	
	info O Dominium	City/State and Zip Code	
		to be used for future annual report notific	ruion)
		·	catton)
LEONARDO FIGUEIR	oncerning this matter, please ca	407 374.2329	
LEUNARDO FIGUEIRI	EDO		
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for the	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)

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

DocuSign Envelope ID: 31006D35-C122-4CA6-95CC-764C5391DD74
ARTICLES OF AMENDMENT
TO

ARTICLES OF ORGANIZATION OF

SALUSTEO INVESTMENTS, LLC	
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com- Florida document number	npany were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
he new name must be distinguishable and contain the words "Limited	d 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 ADDRES	(2.2)
	≥ 8
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	—————————————————————————————————————
3. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of the ness here:
Name of New Registered Agent:	
<u> </u>	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:
provisions of all statutes relative to the proper and com accept the obligations of my position as registered ager	•

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 31006D35-C122-4CA6-95CC-764C5391DD74
IT amenuing Authorized rerson(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>	Type of Action
AMBR	GUILHERME SAMPAIO NEIVA	Rua Madre Teodora 497	
			⊠ Add
		Jardim Paulista - Sao Paulo	☐ Remove
		CEP : 01428 -010	
			□ Change
AMBR	LIVIA NEIVA ROCHA	Rua Madre Teodora 497	
			⊠ Add
		Jardim Paulista - Sao Paulo	□ Remove
		CEP : 01428 -010	B Kelikite
			Change
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Chicke
			Change
			Add
			Remove
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E ffective (If an effective	date, if other than the e date is listed, the date mu	e date of filing: _ st be specific and car	not be prior to da	te of filing or more	than 90 days after	o <mark>nal)</mark> : tiling.) Pursua	nt to 605.03
Note: If the	ne date inserted in this b s effective date on the D	lock does not meet	the applicable.	statutory filing r	equirements, thi	s date will no	t be listed
		•					
	I specifies a delaye		e, but not an	effective tim	e, at 12:01	a.m. on the	e earlier
me 90	th day after the red	tora is mea.					
Dated	09/01/2018	·					
	OocuSig	ned by:					

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Filing Fee: \$25.00