

05/09/2023, 17:39

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L1000209773

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.

((H23000308865 3))



H2300030686534BC2

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 : H & CO, LLP
 Account Number : I20150000089
 Phone : (305)444-8800
 Fax Number : (305)444-4010

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

Email Address: hernandezj@hco.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 STTAR LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2023 SEP -5 PM 4:49

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 SEP -5 PM 12:41

11.0

H230003088653

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SITAR 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 10/10/2017 and assigned Florida document number L17000209773.

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)

Avenida Atlantica 270 , BL 01 Ap 201 - Copacabana

Rio de Janeiro, RJ - 22010000

Brazil

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

City, Florida

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

H230003088653

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>
MGR	Marcia Cristina Perdigão Nogueira	Avenida Atlantica , 778 apto 302 -- Copacabana	<input checked="" type="checkbox"/> Add
		Rio de Janeiro, RJ - 22010000	<input type="checkbox"/> Remove
		Brazil	<input type="checkbox"/> Change
AMBR	Sitar Ltd.	Palm Grove House, P.O. Box 438	<input checked="" type="checkbox"/> Add
		Road Town, Tortola, VG1110, British Virgin Islands	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jony Anderson Tavares de Sousa	1221 Brickell Ave Suite 900	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jony Anderson Tavares de Sousa	Avenida Atlantica 270 , BL 01 Ap 201 - Copacabana	<input checked="" type="checkbox"/> Add
		Rio de Janeiro, RJ - 22010000	<input type="checkbox"/> Remove
		Brazil	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


H230003088653

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

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 31, 2023 .



Signature of a member or authorized representative of a member

Jony Anderson Tavares de Sousa

Typed or printed name of signee