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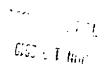
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COVER LETTER

DISCOVERY TRADE TECHNOLOGIES & INVESTMENTS GROUP \mathbb{R}^1 . \mathbb{C}^2 SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MARCELO RABELLO Name of Person Firm/Company 14105 WALCOTT AVE Address ORLANDO FL 32827 City/State and Zip Code JULIANAMGAVIAO@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARCELO RABELLO Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

DISCOVERY TRADE TECHNOLOGIES & INVESTMENT GROUP LLC

Zip Code

	(A Florida Limited I		26年 104-4 10年33
The Articles of Organization for this Limited L	iability Company	were filed on <u>05/07/20</u>	9 and assigned
Florida document number 1.19000123483	··		AC APA. NO SHOW I TO SHOW
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "LL,C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)	SAME	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the nev
Name of New Registered Agent:	SAME		
New Registered Office Address:			
		Enter Florida stre	eet address
			Florida

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.

City

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MATHEUS KREISCHER RABELLO	14105 WALCOTT AVE ORLANDO FL 32827	
			■ Remove
	ANA BEATRIZ KREISCHER	14105 WALCOTT AVE	Change
AMBR	RABELLO	ORLANDO FL 32827	Add
			■ Remove
			□ Change
CED	marcelo Rabello	14105 WALCOTT AVE	
		02LANIN FL 32727	□ Remove
			≜ Change
			Add
			□ Remove
			Change
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			☐ Remove
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ective date, if other t	nan the date of filing: (optional)
n effective date is listed, the	nan the date of filing:(optional) date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0205 in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cument's effective date of	on the Department of State's records.
record specifies a c	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
The 90th day after t	he record is filed.
MAY 15	2019_{l}
ted	···
	Signature of a member or authorized representative of a member
	Marcielle Roballe Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00