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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Pereira Asia Invest	ments, LLC		_	
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				Art of Inc. File
			┥ ──	LTD Partnership File
				Foreign Corp. File
			1	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
			<u> </u>	Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy X5
				Photo Copy
	·			Certificate of Good Standing
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				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
			—	Fictitious Search
Signature			~ —	Fictitious Owner Search
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Walk-In	Will Pick Up		—	Courier

COVER LETTER

SUBJECT: Per let (a) OS (a) Thurs Street Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ORAGE OF Person Name of Person Firm/Company Address City/State and Zip Code LAC (1007) Orage 2. (Orage	TO: Registration Section Division of Corporations
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: OPYCACO A JORGAN S Name of Person Pirm/Company Address City/State and Zip Code AC GOO COM B-mail address (i) be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount:	
Please return all correspondence concerning this matter to the following: Correspondence concerning this matter to the following: Name of Person Address City/State and Zip Code Accord Correspondence concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount:	Name of Limited Liability Company
Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount:	The enclosed Articles of Amendment and fee(s) are submitted for filing.
Firm/Company Address City/State and Zip Code AC QUOZ QUEZ. (OM B-mail address (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount:	Please return all correspondence concerning this matter to the following:
Address City/State and Zip Code ACQUOZ_COURS. (ON) B-mail address (i) be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount:	Gerardo A Varances
City/State and Zip Code ACQUOZ (DOCZ). (OV) B-mail address (i) be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount:	M2006, 2 & VSSOC. Firm/Company
E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: Compared to the following amount: Area Code & Daytime Telephone Number	COI Brichell Kry Or # NOQ
E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: Compared to the following amount: Area Code & Daytime Telephone Number	Miami Fl 33131
Name of Person at (305) 371-8064 Area Code & Daytime Telephone Number Enclosed is a check for the following amount:	LAC GUOZGUEZ. COM
Enclosed is a check for the following amount:	For further information concerning this matter, please call:
r + r	Name of Person at (305, 37) - 8064 Area Code & Daytime Telephone Number
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S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee	Enclosed is a check for the following amount: [] \$25.00 Filing Fee & []\$55.00 Filing Fee & []\$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L. C. M. S. L.S. M. S. M. S. M. S. L.S. M. S

ed Liability Company as it now appears (A Florida Limited Liability Company) Florida document number L12 DOOO 06306 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 end with 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: New Registered Office Address: Enter Florida street address

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 608, 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

Florida

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u> Name Address

<u>Title</u>	Name	Address	Type of Action
MERH	Manoela Leal Pereira	900 Brickell Key Blvd	Add Romove
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D. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
			- -
Dated	way 23, 201	3	
	<u>verardo</u>	authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00