<u>L1400013473</u>

(Re	equestor's Name)	
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R. WHITE

COVER LETTER

TO: ' Registration Sec Division of Corp	
MADREA	AL LLC
SUBJECT:	Name of Limited Liability Company
	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:
·	MARIA C SOUSA
	Name of Person
	SOUSA & ASSOCIATES INC
	Firm/Company
	PO BOX 618348
	Address
	ORLANDO, FL 32861-8348
	City/State and Zip Code
	Carol@sousanassociates.com E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
MARIA C SOUSA	407 342-6382
Name of	
Enclosed is a check for the	e following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

門上原自

15 APR -3 PM 1:29

MADREAL LLC		SECHOLANT DE STATE MALLAHASSES, FLORIDA
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company)	E)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000134728</u> .	were filed on 08/27/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8264 MARITIME FLAG	STREET
(Principal office address MUST BE A STREET ADDRESS)	UNIT 1408	
	WINDERMERE, FL 347	'86
Enter new mailing address, if applicable:	8264 MARITIME FLAG	STREET
(Mailing address MAY BE A POST OFFICE BOX)	UNIT 1408	
	WINDERMERE, FL 347	'86
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		, enter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	•
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
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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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LAERCIO CARLOS MADIA	RUA PAIQUERAS, 165, CASA 11	□ Add
		VALINHOS, SP 13271-600, BRAZIL	Remove
AMBR	MARCOS ANTONIO MADI	RUA ANGELO CAPELATTO, 64	
		APT 51	■ Remove
		VALINHOS, SP 13276-050, BRAZIL	
			Add
			□ Remove
			Remove
			□ Add
			□ Remove
		<u> </u>	
			Add
			□ Remove

AMBR TO MGR.	
At 1,127,127,127,127,127,127,127,127,127,12	
Effective date, if other than the il The effective date must be specific, cannot the date this document is filed by the Flori	bee of filing: (optional) be prior to date of receipt or filed date and earnor be more than 90 days after idu Department of State)
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Dated March 27	ida Department of State)
Dated March 27	ida Department of State) 2015 Januarine of member of adhorized representative of a member

Page 3 of 3

Filing Fee: \$25.00