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COVER LETTER

Divis	sion of Corp	orations			
SUBJECT:	World of Oil	s, LLC	·		
oobgeon _		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Ana Maria Peixoto			
			Name of Person		
			Firm/Company		
		245 SE 1st. Street Suite 32	20		
			Address		
		Miami, FL 3313			
		anoca2002@hotmail.com	City/State and Zip Code	2011 TALL	
		E-mail address: (1	to be used for future annual report notif	ication)	~~
For further in	formation co	ncerning this matter, please ca	all:	SECRETARY ALLAHASSE	-
Ana Maria Po	eixoto		305 335-9813 at ()	ַ <u>בַּ</u>	
	Name of	Person	Area Code Daytime	e Telephone Number	*Sund
Enclosed is a	check for the	e following amount:			
■ \$25.00 Fi	ling 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:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

Confraria Studio LLC.		
(<u>Name of the Limited Lis</u> (A Flo	ability Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabilit	ty Company were filed on	and assigned
This amendment is submitted to amend the following	3 :	
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 "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	7ALC 18
B. If amending the registered agent and/or re	egistered office address on our reco	rds, enter the mame of the new
Name of New Registered Agent:		: 2 ₈
New Registered Office Address:	Enter Florida street ada	tracc
_	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

or removed from our records:

MGR = Manager

AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR Solange Lo	Solange Lopes	245 Se 1st. Street Suite 320	. ■ Add
		Miami, FL 33131	☐ Remove
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Effective date, if other than the date of filing:(optional)	‡ : 2	
fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s after filing.) I s, this date w	oursuant i	o 605.020 e listed as
ne record specifies a delayed effective date, but not an effective time, at 12:	01 a.m. o	n the e	arlier o
The 90th day after the record is filed.			
Dated July, 11Th 2016			
- Control - Cont			
Signature of a member or authorized representative of a member			_
Ana Maria peixoto			
Typed or printed name of signee		<u>. </u>	_

Page 3 of 3

Filing Fee: \$25.00