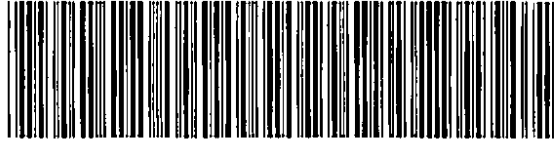


L19000032824



100324972801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

02/22/19--01015--011 **60.00

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2019 MAR 18 P 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 19 2019
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRIMALDI INDUSTRIES OF TRANSPORT EQUIPMENT LLC
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:

Iara Nogueira Morton
Name of Person
Nogueira Morton, P.L.
Firm/Company
1395 Brickell Avenue, Suite 900
Address
Miami, FL 33131
City/State and Zip Code
greg@nogueiramorton.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Boan at (786) 4448418
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing 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)

already submitted

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2019

LARA NOGUEIRA MORTON
1395 BRICKELL AVE STE 900
MIAMI, FL 33131

SUBJECT: GRIMALDI INDUSTRIES OF TRANSPORT EQUIPMENT LLC
Ref. Number: L19000032824

We have received your document for GRIMALDI INDUSTRIES OF TRANSPORT EQUIPMENT LLC and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Nogueira Morton is not a member or authorized representative so they can not sign the last page of the amendment. Also what are you wanting to dowith Guilherme P Oliverio and OmerK Evci?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 719A00004161

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION **FILED**
OF**

GRIMALDI INDUSTRIES OF TRANSPORT EQUIPMENT LLC

2019 MAR 18 P 08

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

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 31, 2019 and assigned Florida document number L19000032824.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GRIMALDI INDUSTRY LLC

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)

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

_____, Florida _____

City

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

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>
AMBR	LIVIA PICCOLOMINI OLIVERIO MORETTO	Travessa Joaquim Alves Barbosa, 141, Santo Antonio de Posse, Sao Paulo, 13.831.002 Brazil	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	GUILHERME PICCOLOMINI OLIVERIO	Rua Dr. Jose Pereira Machado nº 348, Santo Antônio de Posse, SP Brazil, CEP 13.830.148	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	DANIEL PICCOLOMINI OLIVERIO	Rua Dr. Jose Pereira Machado nº 348, Santo Antônio de Posse, SP Brazil, CEP 13.830.148	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	OMER KURSAT EVCI	Rua João Carlos da Cunha , 434, apt 93, Santo Antônio de Posse, SP, Brazil, CEP 13.830.034	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <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

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

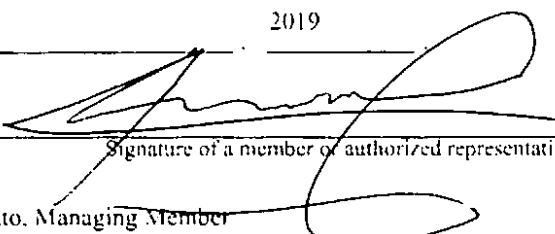
Please change name and remove Livia and Omer as members. Guilherme and Daniel stay on as AMBR

January 31, 2019

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 March 11 _____ 2019


Signature of a member or authorized representative of a member
Santoro Moretto, Managing Member

Typed or printed name of signee