L19000032824

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e: #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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T. LEMEUX

COVER LETTER

				GRIMALD SUBJECT:
		nitted for filing.	Amendment and fee(s) are sub-	The enclosed Articles of ,
		o the following:	ondence concerning this matter t	Please return all correspo
			Iara Nogueira Morton	
		Name of Person		
			Nogueira Morton, P.L.	
		Firm/Company	-0	
		e 900	1395 Brickell Avenue, Suit	
		Address	M. 1 17 22121	
			Miami, FL 33131	
		City/State and Zip Code	greg@nogueiramorton.com	
	ration)	o be used for future annual report notific	E-mail address: (t	
		H:	oncerning this matter, please ca	For further information co
		786 4448418 at ()		Greg Boan
	Telephone Number	Area Code Daytime	n' Person	Name of
3 don't te	already s		ne following amount:	Enclosed is a check for th
	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$30.00 Filing Fee & Certificate of Status	□ \$25.00 Filing Fee
	Certificate of Status & Certified Copy	Area Code Daytime □ \$55,00 Filing Fee & Certified Copy	he following amount:	Enclosed is a check for th

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

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.

Letter Number: 719A00004161

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

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

GRIMALDI INDUSTRIES OF TRANSPORT EQUIPMENT LLC

2019 HAR 18 P 208

	City	, Florida	Zip Code
	Enter Floi	ida street uddress	
New Registered Office Address:			
Name of New Registered Agent:			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	•	our records, <u>enter</u>	the name of the ne
•			
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:	 		
(Principal office address MUST BE A STREET AD)	DRESS)		
Enter new principal offices address, if applicable:			
The new name must be distinguishable and contain the words "L	imited Liability Company," the d	esignation "LLC" or the ab	previation "L.L.C."
GRIMALDHINDUSTRY LLC			
A. If amending name, enter the new name of the li	mited liability company he	ere:	
This amendment is submitted to amend the following:			
Florida document number L19000032824	 ·		
The Articles of Organization for this Limited Liability		nuary 31, 2019	and assigned
(A Flor	ida Limited Liability Company)	TALLAHASSEE.F	LORICA

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

And the second s

<u>Title</u>	Name	Address	Type of Action
AMBR	LIVIA PICCOLOMINI OLIVERIO MORETTO	Travessa Joaquim Alves Barbosa, 141, Santo Antonio de Posse, Sao Paulo 13.831.002 Brazil	
			■ Remove
			☐ Change
AMBR	GUILHERME PICCOLOMINI OLIVERIO	Rua Dr. Jose Pereira Machado nº 348, Santo Antônio de Posse, SP Brazil CEP 13 830-148	D Add
	•		□ Remove
			⊞ Change
AMBR	DANIEL PICCOLOMINI OLIVERIO	Rua Dr. Jose Pereira Machado nº 348, Santo Antônio de Posse, SP Brazil CER 13.830-148.	Add
			☐ Remove
AMBR	OMER KURSAT EVCI	Rua João Carlos da Cunha , 434, apt 93,Santo Antônio de Posse, SP, Brazil CEP. 13 830-034	D Add
			Remove
			☐ Change
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he 90t	h day afte	r the reco	d is filed	•						
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Page 3 of 3

Filing Fee: \$25.00