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COVER LETTER

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oun in ext	SUMED LL	С				
SUBJECT	ı:	Name of Lim	ited Liability Company			
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please reti	ırn all correspon	dence concerning this matter	to the following:			
		NATALIA MEDEIROS				
			Name of Person			
		CSG - CAPITAL SERVIC	ES GROUP INC			
			Firm/Company	···		
		446 W HILLSBORO BLV				
			Address			
		DEERFIELD BEACH, FL				
			City/State and Zip Code			Egg.
		NATALIA@THEWAYGR	OUP.B1Z		19 MAY	
		E-mail address: (to be used for future annual report notifi	cation)	-<	25 -
For further	r information co	ncerning this matter, please ca	all:		<u>۔</u> ۔	1905 1371 1371
NATALL	A MEDEIROS		954 427-4770 at ()		6H 10: 22	F ST
	Name of	Person		Telephone Number	27	ATIONS
Enclosed i	is a check for the	e following amount:				•
\$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of \$ Certified Copy (additional copy is	Status &	

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

SUMED LLC			
(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I. Plorida document number 1.04000044225	iability Company were filed on 08	/02/2010	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of		ere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	lesignation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREI	ET_ADDRESS)		
			19 ISE
			番の発
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u></u>
			THIO:
			23 IE
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the	name of the new
registered agent and/or the new registered of	office address nere.		
Name of New Registered Agent:	CSG - CAPITAL SERVICES GE	ROUP INC	
New Registered Office Address:	446 W HILLSBORO BLVD		
-	Enter Flo	rida street address	
	DEERFIELD BEACH	Florida 33441	
	City		Lip 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>	Type of Action
MGRM	MARIO CARVALHO PINI FILHO	1521 ALTON RD #122	
		MIAMI, FL 33139	■ Remove
			☐ Change
MGR	MARCOS A. REZENDE	446 W HILLSBORO BLVD	∃ Add
		DEERFIELD BEACH, FL 33441	□ Remove
			Change
			Add
			□ Remove
		- 	
			Add
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Frective date, if other than the date of filing:		
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Filing Fee: \$25.00