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TO:18506176383 FROM:5615375904

Division of Corporations

12/19/2019

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From:

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Account Number : 120160000067 Phone : (407)370-3686

Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: consulting@ larsonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN, ... TIGER INVESTMENTS & REAL ESTATE MANAGEMENT, LLC

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I. LEWIEUX 810Z 0 Z 330

DocuSign Envelope ID: 1A88A7C4-E288-48EE-AF59-815351A35388 CUVER LETTER TO: Registration Section Division of Corporations TIGER INVESTMENTS & REAL ESTATE MANAGEMENT, LLC SUBJECT: 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: CAROLINE LARSON Name of Person LARSON ACCOUTING GROUP Firm/Company 7901 KINGSPOINTE PARKWAY STE 17 Address ORLANDO/FLORIDA 32819 City/State and Zip Code CONSULTING@LARSONACC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NEMER, PAULO ROBERTO V Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fce, ☐ \$55.00 Filing Fee & S25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed). (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

12/19/2019

Tallahassee, FL 32314

Page:

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13:58 PM

TO:18506176383 FROM:5615375904

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

		TATE MANAGEMENT, L			
(Name of the Limit	ited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	r records,)		
The Articles of Organization for this Limited L	Liability Company	y were filed on 07/20/2013	2	_and assig	ned
Florida document number L12000094468	<u> </u>				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lia	bility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	on "LLC" or the abbre	viation "L.L.	C."
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	32:	20	
B. If amending the registered agent and/or agent and/or	registered office	address on our records	enter the name o	the Tew	register
Name of New Registered Agent:	N/A			T	
New Registered Office Address:	N/A	Enter Florida stre	2X	cn Cn	
		Enter Florida stre	er audress		
		Cit	Florida	Zip Code	
		Ciţy		rip 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.

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IT afficienting Authorized Person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	•REDE BRASILEIRA DE AUTON	RUA HUMBERTO DE CAMPOS 1003	🗆 Add
		SERRA 29163166 BR	🖹 Remove
			□Change
AMBR	**NEMERPAR HOLDING LTDA	Rua Humberto de Campos 1003, Sala 01, São Diogo	oll ≣Add
		Serra ES, 29163-166 BR	□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
			🗆 Remove
			Change
			□Add
			□Remove
			□Change
			DAdd
			Remove
			□Change

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•REDE BRASILEIRA DE AUT	OMOTORES LTDA (full name)
**NEMERPAR HOLDING LTD	DA (full name)
<u> </u>	
ffective date, if other than the da	ate of filing: (optional) e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will not be fished as
record specifies a delayed effective d d is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
December 17th	. 2019
	

Typed or printed name of signee

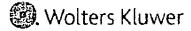
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RE	All Pro Auto Solutions, LLC

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Seth Crose Fulfillment Specialist I **Fulfillment Operations** CT Corporation

Team (614) 280-3338 GlobalFulfillmentTeam@wolterskluwer.com



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219 www.wolterskluwer.com

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