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| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nai | me)         |
| (Do                     | ocument Number     | )           |
| Certified Copies        | _ Certificate      | s of Status |
| Special Instructions to | Filing Officer:    |             |
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### **COVER LETTER**

| TO: Registration S Division of Co |  |  |                               |
|-----------------------------------|--|--|-------------------------------|
| ۴                                 |  |  |                               |
| SUBJECT:                          | GIRAFFAS CAUS                                | Seway Squar                                | LE LLC                        |
|                                   | Name of Limit                                | ted Liability Company                      |                               |
|                                   |  |  |                               |
| The enclosed Articles o           | of Amendment and fee(s) are subm             | mitted for filing.                         |                               |
| Please return all corresp         | oondence concerning this matter t            | to the following:                          |                               |
|                                   |  |  |                               |
|                                   | ilvir  | Name of Person                             |                               |
|                                   | <b>,</b>                                     | Name of Person                             |                               |
|                                   | Gon  | am & smith                                 |                               |
|                                   |  | nm & Smith Firm/Company                    |                               |
|                                   | N=   | Mik alas i                                 |                               |
|                                   | 140 2.00                                     | Address                                    | wik 2110                      |
|                                   |  |  |                               |
|                                   | Hic  | ami FU 3313 City/State and Zip Code        | <i>\O</i>                     |
|                                   |  | •  |                               |
|                                   | E-mail address: (t                           | nithe gomm so be used for future annual re | port notification)            |
| For further information           | concerning this matter, please ca            | 11:  |                               |
|                                   |  |  |                               |
| yoinn                             | Smith of Person                              | at ( <u>305</u> )                          | 856.4423                      |
| ivame                             | 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 | Certified Copy                             | Certificate of Status &       |
|                                   |  | (additional copy is enclo                  | (additional copy is enclosed) |
|                                   |  |  |                               |

#### 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

| GIRAFFAS CAUS  | SEWAY SQUARE LLC<br>Liability Company as it now appears on our records.)                 |
|--|--|
| ( <u>Name of the Limited</u><br>(A   | Liability Company as it now appears on our records.)  Florida Limited Liability Company) |
|  |  |
| The Articles of Organization for this Limited Liab   | oility Company were filed on 12122 2009 and assigned                                     |
| Florida document number <u>LO9 000 1214</u>  | <u>05</u> .  |
| This amendment is submitted to amend the follow  | ring:  |
| A. If amending name, enter the new name of the   | he limited liability company here:   |
| The new name must be distinguishable and contain the word  | ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."       |
| Enter new principal offices address, if applicab   | ole:   |
| (Principal office address MUST BE A STREET.  | ADDRESS)   |
|  |  |
|  |  |
| Enter new mailing address, if applicable:  |  |
| (Mailing address MAY BE A POST OFFICE BO   | <u> </u>   |
|  |  |
|  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office         | registered office address on our records, enter the name of the new                      |
| registered agent and/or the new registered office  | <u>.c. address nere</u> .  |
| Name of New Registered Agent:  |  |
|  |  |
| New Registered Office Address:   | Enter Florida street address   |
|  | Placed   |
|  | , Florida<br>City Zip Code   |
| New Registered Agent's Signature, if changing Reg  | gistered 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                        |
|  | ered agent as provided for in Chapter 605, F.S. OE if this document is                   |
| peing filea to merely reflect a change in the reg<br>company has been notified in writing of this ch | gistered office address, I hereby confirm that the Amited-liability nange.               |
| , , ,  | S2 1   |
|  | SEC C III  |

Page 1 of 3

If Changing Registered Agent, Signature of New Registered ent

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> Type of Action <u>Name</u> <u>Address</u> Prats Rene 1444 Biscayne Blud Svik 216 DAdd CEO Hiami, FL 33132 Remove ☐ Change 1444 Biscayne Blud. suite 216 - Add Barbosa Joso CFO Miami, FL 33132. Remove ☐ Change 1444 Biscayne Blud. Suik 216 DAdd AR Oliveira Ana Paula Hiami, FL 33132 ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change T □ Add M □ Re nove

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| ective dat   | e, if other than that the date m     | ne date of thi<br>nust be specific a | ing:<br>and cannot be pri-      | or to date of filing (                | or more than 90 d | _ (optional<br>lays after filin | i)<br>g.) Pursu: | ant to 605.02  |
| i effective da   | late inserted in this                | block does no                        | t meet the appl                 | icable statutory f                    | iling requireme   | ents, this dat                  | e will no        | ot be listed   |
| te: If the d   | lective date on the                  | Department o                         | 1 State S lecolu                | Δ.                                    |                   |                                 |                  |  |
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