

10/20/2029

L10000095342

#7571 P.001/003

<https://efile.sunbiz.org/scripts/efilcovr>

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000290874 3)))



H110002908743ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE  
Account Number : I200000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC 12 AM 8:36

FILED

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EMB INVESTMENT GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

11 DEC 12 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**H11000290874**  
**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

**FILED**  
**11 DEC 12 AM 8:36**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**EMB INVESTMENT GROUP LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 09/10/10 and assigned Florida document number L10000095342.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

1500 BAY ROAD SUITE 1548  
MIAMI BEACH FL  
33139

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:

RICARDO J.B. MORAES

New Registered Office Address:

1500 BAY ROAD SUITE 1548

Enter Florida street address

MIAMI BEACH, Florida 33139

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 608, 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

H11000290874

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

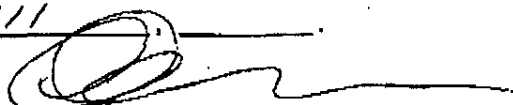
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ERICK PASSO		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARCELO L DO NASCIMENTO		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

12/12/2011



Signature of a member or authorized representative of a member

RICARDO J.B. MORALES

Typed or printed name of signee

Page 2 of 2

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC 12 AM 8:36

FILED

H11000290874