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	(Reques	stor's Name	9)		
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PICK-U	∍ [WAIT	MAIL		
(Business Entity Name)					
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Certified Copies		Certificate	es of Status		

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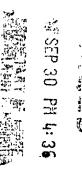
EXAMINER

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COVER LETTER

Division of Co	rporations					
SUBJECT:	OLIVEIRA'S PROPE	ERTY MANAGEMENT L	.LC			
50D0EC1	Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		GUSTAVO SOUZA				
		Name of Person				
	OLIVEIRA'S I	PROPERTY MANAGEMEN	TLLC			
		Firm/Company	——————————————————————————————————————			
	1	658 NE 183 STREET				
		Address				
	NORT	H MIAMI BEACH,FL 33179				
	City/State and Zip Code					
	ivo	ivone.elias@hotmail.com E-mail address: (to be used for future annual report notification)				
		·	cauon)			
For further information	concerning this matter, please of	call:				
GUS	STAVO SOUZA	at (305)	945-0278			
Name	Name of Person Area Code & Daytime Telephone Number		Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section

TO:

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**

OLIVEIRA'S PROPERTY MANAGEMENT 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 Liabili	ity Company were filed on _	JANUARY 7, 2011	_ and assigned	
Florida document numberL11000003797	<u>7</u> .			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Co	mpany," the designation "LLC	C" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL				
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	2			
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address o address here:	n our records, <u>enter the</u>	name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street address		
_		, Florida	<u> </u>	
•	City		Zip Code	
New Registered Agent's Signature, if changing Regist	tered 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

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 **Title** Name <u>Address</u> **Type of Action** MGRM **GUSTAVO SOUZA** 1658 NE 183 Street ☐ Add North Miami Beach, FL 33179 ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 7 2011 Dated Signature of a member or authorized representative of a member **GUSTAVO SOUZA** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00