L11000009640

(Red	questor's Name)	_
obA)	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies Certificates of Status		
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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com

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CORI		E(S) & DOCUMENT		
1. Red	Rabbit	Presents	cc	<u> L1100000964</u>
(CORPORATE N			(DOCUMENT	
2. (CORPORATE N	AME)		(DOCUMENT	T #)
3. (CORPORATE N	AME)		(DOCUMENT	- #)
☐ Walk-In	Pick up time:	Certified 0	Copy ☐ Certi	ficate Of Status
New Filings	J An	Amendments:	7.5	Other Filings Annual Report
Non-Profit	Re	signation		Fictitious Name
Limited Liability Other:		ssolution/Withdrawal		Apostille:
				Other:

Examiners Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RED RABBIT PRESENTS LI	.c		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our little Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp.			
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 contain the words "Limited I	Liability Company," the designation		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	5)	70 70 77 77 11 11 11 11 11 11 11 11 11 11 11	
	!	(A) 22	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		A G. W.	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ė ecords, <u>enter the name of the n</u>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	address	
	Line, 1 to the street	Marger COV	
	City	, Florida	
	City	гір Соа <i>е</i>	

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

It aimending 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>	Name	Address	Type of Action
MGR	WSU Tecnologia LTDA. ME	Rua Visconde de Rio Branco	Add
		1630m Sla 1302 Centro, CEP	Remove
		804-330 Curitiba, Parana, BR	☐ Change
			Add
			Remove
			Change
		!	Add
		Remove	
			Change
			□ Add
		Remove	
			☐ Change
			DbA
		Section 1	☐ Remove
		ORIO	Remove
		>	Change

WSU Tecnologia LTD	A. ME	MANAGER	60%			
Erick S.F. Passo		MANAGER	20%			
Robert S. Vernon		PRESIDENT	20%			
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ffective date, if other that an effective date is listed, the date inserted in the date inserted in the date inserted in the date on the date on the date of the d	the must be specific and cannot this block does not meet the the Department of State's i	e applicable statutory filin records.	nore than 90 days af g requirements, t	his date	will not	be listed as t
The 90th day after the	e record is filed.					
02/03 lated	201	7				
				1000	2617	
	/					1958-up BAG
	Signature of a member	or authorized representative	of a member		c.il	
F	Rodrigo C. Carvalho on bel	half of WSU Tecnologia I		25.55 25.50	ج ح	3 \ 3
F	Rodrigo C. Carvalho on bel			77 730	r <u>n</u>	