

L110000089251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

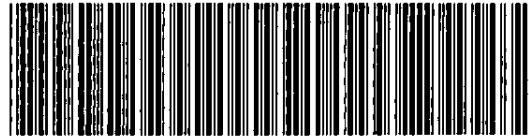
Special Instructions to Filing Officer:

A. LUNT

DEC -2 2011

EXAMINER

Office Use Only



800214247698

11/14/11--01030--031 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC -1 PM 4:00

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2011

ANAXIMANDRO CALVALCANTE
4991 NW 54TH ST.
COCONUT CREEK, FL 33073

SUBJECT: SIFRA USA CONSULTING GROUP LLC
Ref. Number: L11000089251

We have received your document for SIFRA USA CONSULTING GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The names of the manager/managing member are incomplete.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 411A00025858

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIFRA USA CONSULTING GROUP LLC
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:

Anaximandro Calvalcante

Name of Person

A&F Financial LLC

Firm/Company

4991 NW 54th ST

Address

COCONUT CREEK FL 33073

City/State and Zip Code

AF-FINANCIAL@AF-FINANCIAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANAXIMANDRO CALVALCANTE

Name of Person

at (954)

464 8298

Area Code & Daytime 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC -1 PM 4:00

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

SIFRA USA CONSULTING 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 08/03/2011 and assigned
Florida document number L11000089251.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2011 DEC -1 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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

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 | Address | Type of Action |
|-------|---|---|--|
| MGRM | FREDERICO CHARLES C. DA LUZ | 245 SE 1ST STREET, SUITE 323 MIAMI FL 33131 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | SIFRAO ACESSORIA EME SIFRAO ACESSORIA EMPRESARIAL LTD | AVE DAS AMERICAS 3500 BL 7 SALA 124, BARRA DA TIJUCA RIO DE JANEIRO, BRAZIL | <input checked="" 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 |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated _____,

Signature of a member or authorized representative of a member

CARLOS COSTA

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC -1 PM 4:00

FILED