

L11000103170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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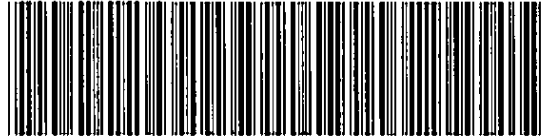
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 OCT -5 AM 10:21

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OCT 20 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

TAURUS AND CAPRICORNUS ASSET MANAGEMENT AND PARTICIPATION, LLC

SUBJECT: TAURUS AND CAPRICORNUS ASSET MANAGEMENT AND PARTICIPATION, 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:

Jose Marcelo Braga Nascimento

Name of Person

BRAGA NASCIMENTO ASSET MANAGEMENT AND PARTICIPATION, LLC

Firm/Company

186 SE 12 Terrace Suite 100

Address

Miami, FL 33131

City/State and Zip Code

marcelo.braga@bnz.com.br

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

For further information concerning this matter, please call:

Dian Wang

786

329-6227

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$50.00 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

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

TAURUS AND CAPRICORNUS ASSET MANAGEMENT AND PARTICIPATION, 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 September 9, 2011 and assigned  
Florida document number L11000103170.

This amendment is submitted to amend the following:

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

Taurus Asset Management and Participation LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

186 SE 12 Terrace Suite 100 Miami, FL 33131

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

186 SE 12 Terrace Suite 100 Miami, FL 33131

**(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:

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 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**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated September 12th, 2018

Signature of a member or authorized representative of a member

JOSE MARCELO BRAGA NASCIMENTO

Typed or printed name of signer