| | 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. |
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| | 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 : EAGLE TAX REPRESENTATION Account Number : I20070000037 Phone : (954)532-3842 Fax Number : (954)532-3847 The ampil address for this business entity to be used for future in Eagle |
| | **Enter the email address for this business entity to be used for future in annual report mailings. Enter only one email address please. ** Email Address: Dulle & LUCK - Tox. CAM |
| RECT | MONDIAL HOUSEWARES LLC Certificate of Status 0 Certified Copy 0 Page Count 05 Estimated Charge \$25.00 K SALY JUN 2 0 2018 |

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| | C | COVER LETTER | |
| TO: Registration : Division of Co | | | |
| | L HOUSEWARES LLC | | |
| SUBJECT: | Name of Limit | ted Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are subm | nined for filing. | |
| Please return all corres | pondence concerning this matter t | o the following: | |
| | PAULO OLIVEIRA | | |
| | | Name of Person | |
| | EAGLE TAX REPRESEN | NTATION, CORP | |
| | _,,, | Firm/Company | |
| | 5493 WILES ROAD STE | 105 | |
| | | Address | |
| | COCONUT CREEK FL 3 | 33073 | |
| | | City/State and Zip Code | |
| | paulo@eagle-tax.com | to be used for luture annual report not | ification) |
| For further information | n concerning this matter, please ca | | |
| Paulo Oliveira | - | 954 532-384 | 2 |
| Nam | e of Person | ut () Area Code - Daytin | ne Telephone Number |
| | | | |
| Enclosed is a check fo | r the following amount: | | |
| \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Reg Div P.O | ILING ADDRESS: distration Section ision of Corporations 0, Box 6327 Jahassee, FL 32314 | STREET/COUR Registration Sect Division of Corp Clitton Building 2661 Executive C Tallahassee, FL 3 | orations]enter Circle |

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| | OF | | NO 10. 40 |
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| MONDIAL HOUSEWARES LLC | ty Company as it now appears of | n our records.) | |
| (A Florid | ty Company as it now appears of i Limited Liability Company) | | |
| The Articles of Organization for this Limited Liability C | Company were filed on 06-18 | 3-2018 | and assigned |
| Florida dogument number L11000108181 | | | |
| | • | | |
| This amondment is submitted to amond the following: | | | |
| A. If amending name, enter the new name of the lim | ited liability company here | : | |
| | | | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the desig | gnation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | RESS) | | |
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| at a subtraction of the subtract | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
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| B. If amending the registered agent and/or regi | stered office address on e | our records, | enter the name of the new |
| registered agent and/or the new registered office ad | dress here: | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florid | la street address | |
| | | , Flor | ida |
| | Ciņ | | |
| New Registered Agent's Signature, if changing Register | | | a taka |
| I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and | t and agree to act in this of | pacity. I furt | her agree to comply with the H an familiar with and |
| and the down of my position as realistic profit | noent as proviaed for $m \subseteq r$ | <i>acmer 005, 1</i> | D. W. g me woon to |
| being filed to merely reflect a change in the registe | red office address,) hereby | confirm that | (the limited liability |
| company has been notified in writing of this change | | | |
| | | l | |
| | If Changing Registered Age | nt. Signature of | New Registered Agent |
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| MGRM | Liliana Gouvea Ransan | 328 South Military Trail | 🖸 Add |
| | | Deerfield Beach, FL 33442 | Remove |
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| MGRM | Ival Araujo | Rua Santa Augusta, 409 | Add |
| | | Osvaldo Cruz, SP - BR 17700 | Remove |
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| MGRM | Vanderlei Araujo | Rua Santa Augusta, 409 | Add |
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