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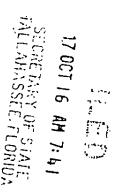
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(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		}

Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compa A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Lia Florida document number L12000114113	ability Company	were filed on September	6th, 2012 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A	
		N/A	
		N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A N/A	
3. If amending the registered agent and/oregistered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:	or registered of ice address her N/A N/A	ffice address on our ree: Enter Florida street	BCT 16 M. 7. NETARY OF SAHASSEE FLO
	N/A		Florida N/A
		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

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>	Type of Action
MGR	Mario Martin Arrieta Moreira	1110 Brickell Avenue, Suite 430,	
		Miami, Florida 33131	■ Remove
			☐ Change
MGR	Murilo Lemos Dorazio	Rua Artur Bernardes No. 194, Suite	■ Add
		1500 Martins, Uberlandia, Minas	Remove
		Gerais, Brasil, 38400-368	Change
		□ Remove	
			☐ Change
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100 (October 10th, 2017		
trrect f an eff	ve date, if other than the date of filing: (opti-	o nal) filing.) Pursuant to 60	05.0207 (3)(1
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this ent's effective date on the Department of State's records.	date will not be lis	sted as the
iocum	and a creeding date on the Department of State's records.		
The	ord specifies a delayed effective date, but not <u>an effective time, at 12:01 a</u> 90th day after the record is filed.	.m. on the ear	lier of:
Dated	001000 7th, 2017		
~ us v			
	ignature of a member or authorized representative of a member	······································	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00