

L13 000039174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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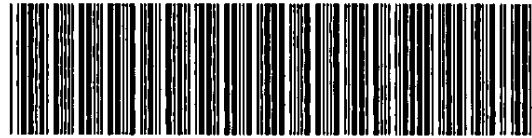
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FORPUS INTERNATIONAL 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:

CARLA FERNANDEZ
Name of Person

FORPUS INTERNATIONAL LLC
Firm/Company

5007 FAIRHAVEN LN
Address

NAPLES, FL 34109
City/State and Zip Code

CARLA.DFLMEDIA@COMCAST.NET
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

CARLA FERNANDEZ at (239) 287-7726
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FORPUS INTERNATIONAL 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 03-15-13 and assigned Florida document number L13000039174

This amendment is submitted to amend the following:

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

SAME NAME

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)

SAME ADDRESS

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME ADDRESS

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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:

CARLA FERNANDEZ

New Registered Office Address:

5007 FAIRHAVEN LN

Enter Florida street address

NAPLES

City

Florida

34109

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.

[Signature]
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SEBASTIÃO FRANCO BRASIL	RUA CAPITÃO LEONIDEO SOARES 209, PLANALTO 31720 590 BELO HORIZONTE, BRASIL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LUIZ ANTONIO MANCIBO RIBEIRO	RUA TEODORO BRAGA 111/104 JARDIM CARIOCA RIO DE JANEIRO 21920236 BRASIL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LUIZ FILIPE DA SILVA RIBEIRO	RUA TEODORO BRAGA 111/104 JARDIM CARIOCA RIO DE JANEIRO 21920236 BRASIL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CARLA FERNANDEZ	5007 FAIRHAVEN LN NAPLES, FL 34109	<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

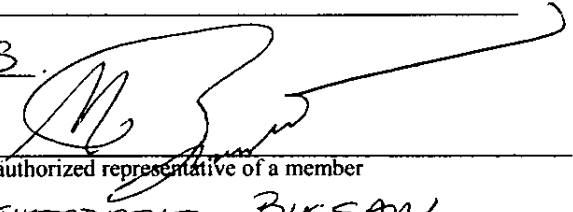
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE ADD TO SYSTEM EIN NUMBER
80-0903481

Dated

APRIL 27, 2013



Signature of a member or authorized representative of a member

ANDRE ADRIEN THEODORE BUCSAN

Typed or printed name of signee

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Filing Fee: \$25.00

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