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COVER LETTER

	COVEREETTER	
TO: Registration Section Division of Corporation	ions	
SUBJECT: hibeir	Name of Limited Liability Company	
The enclosed Articles of Amend	dment and fee(s) are submitted for filing.	
Please return all correspondence	e concerning this matter to the following:	
<u></u>	Carla L Fernandez Name of Person	
		60 ON
		广广学
	Firm/Company C.	主。至重
	493 Castle Dr	三
	Address	
	Naples FL 34119	M 8: 02
	City/State and Zip Code	- S
	Carla @ DFcmedia. Com	•
	E-mail address: (to be used for future annual report notification)	
For further information concerni	ing this matter, please call:	
Carla L F	rernondez at (239) 287 · 7726 Area Code Daytime Telephone Number	
Enclosed is a check for the follo	owing amount:	
■ \$25.00 Filing Fee ■ \$	\$30.00 Filing Fee & \$\square\$\$\$ \$55.00 Filing Fee & \$\square\$	
_	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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 ARTICLES OF ORGANIZATION **OF**

hibeiro Internatio		II UC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \begin{align*} \begi	were filed on 09-17. 201	3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	7 25
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbi	reviation "L.P.C."
Enter new principal offices address, if applicable:	NIA	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		= ==
		<u> </u>
Enter new mailing address, if applicable:	NIA	02
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		he name of the new
Name of New Registered Agent:	4/4	
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

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 = ! AMBR =	Manager Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Luiz Filipe	da Silva Ribein	o Ava Teodoro Braigor 111/104	Add
			Pio de Janeiro Brosil 21920-23	Type of Action Nua Teodoro Brago 111/104 Add Add Add Change Change Change Change Change Change Change Change Add Remove Change Add Remove Change Add Remove Change Add Remove Remove Add Remove Remov
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lfan ef <u>Note:</u>	ive date, if other than the date of filing:(optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records.	ant to 605,0207	<i>? (</i>
		15	_
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier o	r:
Dated	12.27·2016		
	Signature of a member or authorized representative of a member		
	I = X		

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Filing Fee: \$25.00