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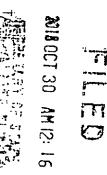
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COVER LETTER

Division of Cor			
Rocha & A	maral Investments, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Marci Lowman, Esq.		
	Lowman Law, P.A.	Name of Person	
		P: (0	
	8620 NE 2 Avenue	Firm/Company	
	Miami, Florida 33138	Address	
	ML@LowmanTitle.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Marci Lowman, Esq.		786 703-4162	
Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for th	e 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

Rocha & Amaral Investments, LLC		
(Name of the Limited Lin (A Fio	bility Company as it now appears on our recorda Limited Liability Company)	rds,)
The Articles of Organization for this Limited Liability Florida document number L13000132320	y Company were filed on 9/18/2013	and assigned
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the I	imited liability company here:	
Prazo Investment LLC		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2018 OCT 30 AM
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our recorddress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
	1	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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGRM	VANESSA AMARAL DA ROCHA	836 NE 100 STREET	
		MIAMI SHORES, FL 33138	
			■ Remove
	<u> </u>		Change
MGRM	Claudio Henrique do Vale Vieira	Ana Bilhar, Number 85, Apt 600	
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fectiv	e date, if other than the date of filing: (optional)	
ote: If cumer	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be it's effective date on the Department of State's records. In specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the record is filed.	listed as
ted	October 23, 2018.	
	(Damenthe Kun)	
	Signature of a member or authorized representative of a member	-
	Anderson Rocha/MGRM Typed or printed name of signee	

Filing Fee: \$25.00