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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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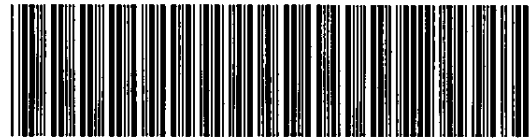
(Business Entity Name)

(Document Number)

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J. Shivers JAN 20 2015

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15 JAN 12 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/5

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: _____
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:

Jacob Gitman

Name of Person

Prudent Investimentos LLC

Firm/Company

1111 Kane Concourse, Ste 518

Address

Bay Harbor Islands, FL 33154

City/State and Zip Code

galina@vgmtel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob Gitman

305 495 3928
at ()

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**

Prudent Investimentos 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 01/15/2014 and assigned
Florida document number L14000011450.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1111 Kane Concourse, Ste 518
Bay Harbor Islands, FL 33454
FL 33154

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:

Technocon International Inc.

New Registered Office Address:

1111 Kane Concourse Ste 518

Enter Florida street address

Bay Harbor islands

City

Florida

State

33154

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Cataldi, Giovanni	Alameda Juca Bahsta NO 8000, Casa 12	<input type="checkbox"/> Add
		Belern Novo Polo Alegre Brazil	<input checked="" type="checkbox"/> Remove
MGR	Albuquerque, Edivaldo L	Rua Dom Coustauhuo Barradas NO33 C	<input type="checkbox"/> Add
		Sao Paulo, SPO4134 Brazil	<input checked="" type="checkbox"/> Remove
MGR	Klemming, Dennis	1900 Perdy Avenue Apt.2007	<input type="checkbox"/> Add
		Miami Beach, FL 33139	<input checked="" type="checkbox"/> Remove
MGR	Jacob Gitman	16051 Collins Ave. Apt. 401	<input checked="" type="checkbox"/> Add
		Sunny Isles Beach, FL 33160	<input checked="" type="checkbox"/> Remove
MGR	LGN International LLC	2711 Centerville Road, Ste 400	<input checked="" type="checkbox"/> Add
		Wilmington, Delaware 19808	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

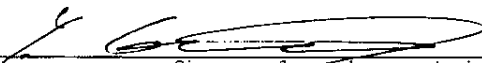
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TALLAHASSEE, FLORIDA
JAN 12 AM 8:26
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: January 15, 2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 09, 2015



Signature of a member or authorized representative of a member

Jacob Gitman

Typed or printed name of signee

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Filing Fee: \$25.00

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