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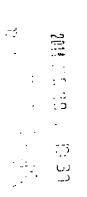
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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B. BOSTICK

MAY - 5 2014

EXAMINER

COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|--|---|--|----------------|
| NUNE | S DE OLIVEIR | A INVESTMENTS | , LLC | |
| SUBJECT: | | nted Fability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | unitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | Renan M Mo | esquita | | |
| | | Name of Person | Marrows to design the second s | |
| | Larson Accou | inting and Consult | ing LLC | |
| | | Firm/Company | | |
| | 8615 Comm | odity Circle, Ste | 6 | |
| | - | Address | | |
| | Orlando, FL | 32819 | | ÷ ÷ ÷ |
| | finance Oleman | City/State and Zip Code | | ့် သိ |
| · | finances@larsona | to be used for future annual report notifi | calion) | i G |
| Lor further information co | oncerning this matter, please c | all: | | - 155 - 150 |
| Renan Mes | quita | 407,370 36 | 586 | |
| Same o | Person | | Telephone Number | |
| | | | | |
| Frictored is a check for th | e following amount: | | | |
| | ☐ \$30,00 Filing Lee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (| of Status & |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Fallahassee, 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

| NUNES DE OLIVEIRA INVESTME (Name of the Limited Liability Compa (A Florida Limited I | | | |
|--|--|---|------------|
| The Articles of Organization for this Limited Liability Company were filed on 01/27/2014 Florida document number L14000014293 | | and assigned | |
| | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| | | | |
| The new name must be distinguishable and end with the words. I mited I fal- | oility Company," the designation "Ll.C" or the | abbreviation "l | , 1,.C" |
| Enter new principal offices address, if applicable: | 8196 FAN PALM WAY | | |
| Principal office address MUST BE A STREET ADDRESS) | KISSIMMEE, FL 34747 | 70 | |
| | ر بر پر | · | <u>ا</u> ا |
| | | | . • |
| Enter new mailing address, if applicable: | Market Mill (Mill (Mill)) | , ' ', ', ', ', ', ', ', ', ', ', ', ', | |
| Mailing address MAY BE A POST OFFICE BOX) | and the second of the second o | | |
| | The state of the s | | · |
| | per 11 | | and ada |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | | <u>r ine name</u> | or the |
| | _ | | |
| Name of New Registered Agent: | | | · |
| New Registered Office Address: | | | |
| The state of the s | Enter Florida street address | | |

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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Page 1 of 3

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:

| pe of Action | Address | <u>Name</u> | <u>Title</u> | |
|--------------|---------------------|---------------------------------|--------------|--|
| Add | 8196 FAN PALM WAY | NUNES DE OLIVEIRA MARCO AURELIO | AMBR | |
| Remove | KISSIMMEE, FL 34747 | | | |
| l Add | 8196 FAN PALM WAY | NUNES DE OLIVEIRA, LUIS AUGUSTO | AMBR | |
| l Remove | KISSIMMEE, FL 34747 | | | |
| l Add | 8196 FAN PALM WAY | NUNES DE OLIVEIRA JOAO PAULO | AMBR | |
| Remove | KISSIMMEE, FL 34747 | | | |
| Add | 8196 FAN PALM WAY | NUNES E OLIVEIRA: MAPIA 40GUSTA | AMBR | |
| Remove | KISSIMMEE, FL 34747 | | | |
| Add Remove | | | | |
| | | | ······ | |

| D. | If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|----|---|
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| | |
| E. | Effective date, if other than the date of filing: (optional) |
| | Effective date, if other than the date of filing: (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 April 7th 2014 |
| | Signature of a member or authorized representative of a member |
| | Signaffure of a member of authorized representative of a member MARCO AURELIO NUNES DE OLIVEIRA |
| | Typed or printed name of signee |

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Filing Fee: \$25.00