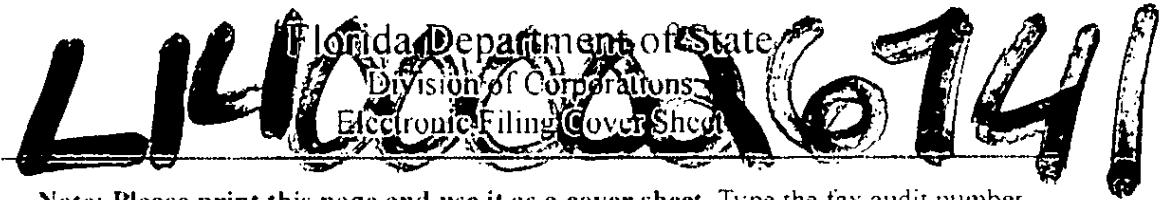


11/21/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : WITER-WOUZA CORP  
Account Number : I20190000068  
Phone : (407)326-8484  
Fax Number : (407)604-6519

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FGRS INTERNATIONAL LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$30.00 |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 DEC 11 PM 3:25

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ESC

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **FGRS 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:

**RUBEM SOUZA**

\_\_\_\_\_  
Name of Person

**LAW OFFICES OF WITER DESIQUEIRA**

\_\_\_\_\_  
Firm/Company

**845 N GARLAND AVE, STE 100**

\_\_\_\_\_  
Address

**ORLANDO, FL 32801**

\_\_\_\_\_  
City/State and Zip Code

**rubemsouza@witeradvogados.com**

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

**RUBEM SOUZA**

**407 326-8484**

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

2019 DEC 11 P 3:25

FGRS INTERNATIONAL LLC

(Name of the Limited Liability Company as it now appears on the records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/17/2014 and assigned Florida document number L14000026741.

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 contain 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)

6401 TIME SQUARE AVE UNIT CU-20

ORLANDO, FL 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6401 TIME SQUARE AVE UNIT CU-20

ORLANDO, FL 32835

**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:

LAW OFFICES OF WTER DESIQUEIRA

New Registered Office Address:

845 N GARLAND AVE, STE 100

Enter Florida street address

ORLANDO

Florida 32801

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

| <u>Title</u> | <u>Name</u>           | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|-----------------------|--------------------------|--------------------------------------------|
| MGR          | RENATA G. CARPINELLI  | PO BOX 3111              | <input type="checkbox"/> Add               |
|              |                       | HALLANDALE, FL 33008     | <input checked="" type="checkbox"/> Remove |
|              |                       |                          | <input type="checkbox"/> Change            |
| MGR          | GABRIELA G CARPINELLI | PO BOX 3111              | <input type="checkbox"/> Add               |
|              |                       | HALLANDALE, FL 33008     | <input checked="" type="checkbox"/> Remove |
|              |                       |                          | <input type="checkbox"/> Change            |
| AMBR         | RC USA GROUP LLC      | 651 N. BROAD ST, STE 206 | <input checked="" type="checkbox"/> Add    |
|              |                       | MIDDLETOWN, DE 19709     | <input type="checkbox"/> Remove            |
|              |                       |                          | <input type="checkbox"/> Change            |
|              |                       |                          | <input type="checkbox"/> Add               |
|              |                       |                          | <input type="checkbox"/> Remove            |
|              |                       |                          | <input type="checkbox"/> Change            |
|              |                       |                          | <input type="checkbox"/> Add               |
|              |                       |                          | <input type="checkbox"/> Remove            |
|              |                       |                          | <input type="checkbox"/> Change            |
|              |                       |                          | <input type="checkbox"/> Add               |
|              |                       |                          | <input type="checkbox"/> Remove            |
|              |                       |                          | <input type="checkbox"/> Change            |

Page 2 of 3

**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: 11/01/2019 (optional)  
(If an effective 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 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated ORLANDO 18

2019

Signature of a member or authorized representative of a member

RENATA CARPINELLI

Typed or printed name of signer

Page 3 of 3

**Filing Fee: \$25.00**