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COVER LETTER

	gistration Sec vision of Corp	
CUBICAT.	Brasil Inte	ernational Investments LLC
SUBJECT:		Name of Limited Liability Company
The enclose	d Articles of A	Amendment and fee(s) are submitted for filing.
Please return	n all correspor	idence concerning this matter to the following:
		Carla Fernandez
		Name of Person
		Firm/Company
		493 Castle Dr
		Address
		Naples Florida 34119
		City/State and Zip Code
		Carla@dfcmedia.com
		E-mail address: (to be used for future annual report notification)
For further i	nformation co	ncerning this matter, please call:
Douglas	Barbosa	239 206-4526
	Name of	Person Area Code Daytime Telephone Number
Enclosed is	a check for the	e following amount:
\$25.00 F	Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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 TO ARTICLES OF ORGANIZATION OF

15 H	11	EL)
15 MAR _	6	PM	l: ₀₉

Brasil International Investments LLC

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

		muy,
The Articles of Organization for this Limited Liability Compa	my were filed on 8th of March, 2014	and assigned
Florida document number L14000042756		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and end with the words "Limited I	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	493 Castle Dr Naples Florida	34119
(Principal office address MUST BE A STREET ADDRESS)	2	
Enter new mailing address, if applicable:	493 Castle Dr Naples Florida	34119
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered		the name of the new
registered agent and/or the new registered office address b	<u>1ere</u> :	
Name of New Registered Agent:		
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 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>	Address	Type of Action
MGR	Carla Fernandez	5007 Fairhaven Lane	
		Naples Florida 34109	Remove
MGR	Andre A Theodore Bucsan	231 Av Presidente Wilson 29	■ Add
		Rio de Janeiro RJ Brazil 20030-020	Remove
MGR 	Carlos Alberto V Neves	42 Rua Marquesa De Santos 1104	
		Rio de Janeiro RJ Brazil 22221-080	. Remove
MGR	Sebastião F Brasil	Rua Capitão Leonideo Soares 209	■ Add
		Planalto, Belo Horizonte Brazil 31720-	.59 □ Remove
MGR	Luiz Antonino M Ribeiro	Rua Teodoro Braga 111 #104	A dd
		Rio De Janeiro RJ Brazil 21920-236	☐ Remove
MGR	Luiz Felipe D Ribeiro	Rua Teodoro Braga 111 #104	 ■ Add
		Rio De Janeiro RJ Brazil 21920-236	□ Remove

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> Type of Action MGR Luiz A De Castro Santos Rua Alberto De Gois 1533/4A ■ Add Campo Belo São Paulo Brazil 04610-004 ☐ Remove _□ Add _□ Remove _□ Remove _□ Add _D Add _____ □ Remove

	
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Filing Fee: \$25.00