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SUBJECT:	Brasil In.	ternational Inve	stments LLC
	Name of Lim	ited Liability Company	
Division of Corporations SUBJECT: Brasil International Investments 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: Carla L Fernandez Name of Person Firm/Company 493 Castle DR Address Naples FL 34119 City/State and Zip Code Carla D Ste Media E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carla L Fernandez Name of Person at 239 Daytime Telephone Number Enclosed is a check for the following amount:			
Please return all corres	pondence concerning this matter	to the following:	
	Carlo	a L Fernande	Z
		Name of Person	
		Firm/Company	
	493		Z. ication) T+2C Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy
	Naple	Name of Limited Liability Company and fee(s) are submitted for filing. Terning this matter to the following: Carla L Fernandez Name of Person Firm/Company 493 Castle DR Address Naples FL 34 119 City/State and Zip Code Carla Ø dfc media E-mail address: (to be used for future annual report notification) is matter, please call: at (239) 387-7726 Area Code Daytime Telephone Number amount: Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Division of Corporations Brasil International Investments LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. case return all correspondence concerning this matter to the following: Carla L Fernandez Name of Person Firm/Company 493 Castle DR Address Naples FL 34119 City/State and Zip Code Carla D He media E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: Carla L Fernandez Name of Person Area Code Daytime Telephone Number closed is a check for the following amount: (239) S55.00 Filing Fee Certificate of Status & Certificat Copy (additional copy is enclosed) Certificat Copy (additional copy is enclosed)		
Firm/Company 493 Castle DR Address Naples FL 34119 City/State and Zip Code Carla Ø He media E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carla L Fernandez Name of Person at (239) Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed)			
Carla L	Fernandez	at (239) 287-	1726
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	Certified Copy	Certificate of Status & Certified Copy

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

TO ARTICLES OF ORGANIZATION OF

Brosil International In			
(<u>Name of the Limited Liability Comr</u> (A Florida Limited	pany as it now appears on our I Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 14000042756</u> .	y were filed onO	3/14/2014 and assigne	ed .
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	N/A	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation	n "LLC" or the abbreviation "L.L.C."	,,
Enter new principal offices address, if applicable:	A/A		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	414	15 DEC -7 ANI	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ecords, enter the name of	he new
Name of New Registered Agent:	<u> A </u>		
New Registered Office Address:	Enter Florida stree	ı 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

or removed from our records:

	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Luiz Antonino Ribeiro	Ava Teodoro Braga 111/104	Add
		Riode Janeiro, RJ 21920-236	Be Remove
			Change
MGR	Luiz Filipe da Silva Ribeiro	Rva Teodoro Braga 111/104	
		Rio de Janeiro, RJ 21920-23	Remove
			Change
MER	Luiz A de Costro Santos	Rua Alberto de Gois 1533/	/4A□ Add
D TI	nis name is Duplicated on Articles.	Rua Alberto de Gois 1533/ Campo Belo Sao Paulo, Brazil	Remove
MGR	Karina da Silva Ribeiro	Rua Teodoro Braga 111/104	□ Change IV Add
		Rio de Janeiro, RJ 21920-236	BR D Remove
			□ Change
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afte Note: If the date inserted in this block does not meet the applicable statutory filing requirements, th document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01	is date will not	be list	ted as the
The 90th day after the record is filed.			
Dated 12.09 2015.			
Signature of a member or authorized representative of a member			
Carla L Fernandez Typed or printed name of signee			

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