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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : 120160000067 Phone : (407)370-3686 Fax Number : (407)370-3120

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

Email Address: TAX PREPARER W LARSONACC. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BATISTA & TAIRA INVESTMENTS, LLC

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06:25 AM

TO:18506176383 FROM:5615375904

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BATISTA & TAIRA INVESTMEN	T\$, LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our re- Liability Company)	colder)			
The Articles of Organization for this Limited Li Florida document number L14000046314	ability Company	were filed on 03/20/2014	and assigned			
This amendment is submitted to amend the follow	owing:					
A. If amending name, enter the new name o	f the limited liab	oility company here:				
N/A ·						
The new name must be distinguishable and contain the v	vords "Limited Liabi	ility 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)		N/A				
Enter new mailing address, if applicable:		N/A				
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ess here:	address on our records, <u>e</u>	nter the name of the new registered			
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A	Francisco Clarido et esta de	ddaar			
		Enter Florida street address				
			_, Florida Zip Code			
		City	cip coue			

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

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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>	Name	Address	Type of Action
MGR	SCHETTINI BATISTA, TIAGO	7901 KINGSPOINTE PKWY STE 17	□ Add
		ORLANDO, FL 32819	≘Remove
			Change
			□Add
			□Remove
			Change
			□Add
		□R	□Remove
			Change
			□ Add
			□Remove
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e record specifies a delayed effect rd is filed.	ve date, b	eut not an	effective	time, at 12	2:01 a.m. or	the earlie	r of: (b)	The 90th d	ay after th
JULY 29 Dated			2020						
Dates			M	·					
	Signatur	e of a me	mber or au	horized ren	resentative o	f a member			

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