

7/22 Jul. 22. 2020 3:12PM

Division of Corporations

No. 4416 P. 1

**L140001170039**

Florida Department of State  
Division of Corporations  
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SANCHES PERES INVESTMENTS LLC

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
SANCHES PERES INVESTMENTS LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 07/11/2014 and assigned Florida document number: L14000110039

**Article I**

**A. If amending name, enter the new name of the limited liability company here:**

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The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Article II**

**Enter new principal offices address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

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**Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

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**Article IV**

**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:

New Registered Office 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.*

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If Changing Registered Agent, Signature of New Registered Agent

2020 JUL 22 PM 12:55  
FILED

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

| Title  | Name                       | Address                           | Type of Action                             |
|--------|----------------------------|-----------------------------------|--|
| • MGMR | PERES, PAULO D TARSO M     | RUA MANOEL AMANCIO,332            | REMOVE <input checked="" type="checkbox"/> |
|        |                            | LENCOIS PAULISTA, SP 18681-010 BR | ADD <input type="checkbox"/>               |
| • MGMR | PERES, PAULO D TARSO M, JR | RUA MANOEL AMANCIO,332            | REMOVE <input checked="" type="checkbox"/> |
|        |                            | LENCOIS PAULISTA, SP 18681-010 BR | ADD <input type="checkbox"/>               |
| • MGMR | PERES, SANDRA S            | RUA MANOEL AMANCIO,332            | REMOVE <input checked="" type="checkbox"/> |
|        |                            | LENCOIS PAULISTA, SP 18681-010 BR | ADD <input type="checkbox"/>               |
| • MGMR | PERES, FELIPE S            | RUA MANOEL AMANCIO,332            | REMOVE <input checked="" type="checkbox"/> |
|        |                            | LENCOIS PAULISTA, SP 18681-010 BR | ADD <input type="checkbox"/>               |
| • MGMR | MORON, JOAO P, NETP        | 4421 W KING ST, APT 5             | REMOVE <input checked="" type="checkbox"/> |
|        |                            | BURBANK, CA 91505 US              | ADD <input type="checkbox"/>               |
| MGMR   | JESUS ZILLO, DANIEL        | RUA CORONEL JOAQUIM GABRIEL, 544  | REMOVE <input type="checkbox"/>            |
|        |                            | LENCOIS PAULISTA, SP 18682-030 BR | ADD <input checked="" type="checkbox"/>    |
| MGMR   | F ORSI ZILLO, MARIA LUIZA  | RUA CORONEL JOAQUIM GABRIEL, 544  | REMOVE <input type="checkbox"/>            |
|        |                            | LENCOIS PAULISTA, SP 18682-030 BR | ADD <input checked="" type="checkbox"/>    |
| MGMR   | ZILLO, HENRIQUE AUGUSTO    | RUA FELIPE CAMARAO, 747           | REMOVE <input type="checkbox"/>            |
|        |                            | LENCOIS PAULISTA, SP 18683-480 BR | ADD <input checked="" type="checkbox"/>    |
| MGMR   | ZILLO, OTAVIO AUGUSTO      | RUA NOVE DE JULHO,530 APT 172     | REMOVE <input type="checkbox"/>            |
|        |                            | LENCOIS PAULISTA, SP 18682-000 BR | ADD <input checked="" type="checkbox"/>    |
| MGMR   | ZILLO, LEOPOLDO AUGUSTO    | RUA FRANCISCO RADICCHI, 73        | REMOVE <input type="checkbox"/>            |
|        |                            | LENCOIS PAULISTA, SP 18683-570 BR | ADD <input checked="" type="checkbox"/>    |

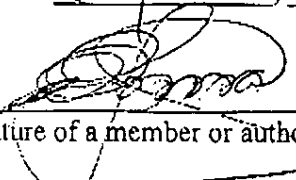
C. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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D. 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: JULY 22<sup>th</sup>, 2020



Signature of a member or authorized representative of a member

Rodrigo Cavalcante

Typed or printed name of signee