## L14000 120644

| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phon  | e #)        |
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| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    | )           |
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| Special Instructions to | Filing Officer:   |             |
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|  |  | C  |
|--|--|--|
| (Name of the Limited) (A   | Liability Company as it now appears on ou Florida Limited Liability Company) | r records.)                              |
| The Articles of Organization for this Limited Liab<br>Florida document number <u>L1400012066</u> | ility Company were filed on  | and assigned                             |
| This amendment is submitted to amend the following   | ing:   |  |
| A. If amending name, enter the new name of th  | ne limited liability company here:   |  |
|  |  |  |
| The new name must be distinguishable and end with the wor  | rds "Limited Liability Company," the designa                                 | tion "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable   | le: ,  | 15-14                                    |
| (Principal office address MUST BE A STREET A   | 4DDRESS)   |  |
|  | ·  | <u>:                                </u> |
|  |  |  |
| Enter new mailing address, if applicable:  |  | ;  |
| (Mailing address MAY BE A POST OFFICE BO   | <u></u>  |  |
|  |  | . *                                      |
|  |  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office     |  | records, enter the name of the new       |
|  | <del></del>  |  |
| Name of New Registered Agent:  |  |  |
| New Registered Office Address:   |  |  |
|  | Enter Florida stre   | ei aaaress                               |
| -  | Circ   | , Florida                                |
|  | City   | zip Coae                                 |

## 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

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action MBR ORION EMPREENDIMENTOS ALAMEDA RIO NEGRO Nº911 E PARTICIPACOES SC 8°ANDAR, CONJUNTO 803-D LTDA BARVERI, SAO PAULO, BRASIL ☐ Add \_□ Remove □ Add ☐ Remove \_☐ Remove\* ` □ Remove \_□ 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:

| f amending any other inforn  | nation, enter change(s) here: (Att     | ach additional sheets, if necessary.)            |
|--|--|--|
| <del>-</del>   |  |  |
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| the date this document is filed by the   |  | (optional) and cannot be more than 90 days after |
| Effective date, if other than the (The effective date must be specific, can the date this document is filed by the DatedAugust | : Florida Department of State)         | (optional) and cannot be more than 90 days after |
| the date this document is filed by the   | : Florida Department of State)         |  |
| the date this document is filed by the   | Signature of a member or authorized re |  |

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