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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: ACCOUNT BOOKKEEPING CORP

Account Number : 120120000055

: (407)898-1757

Phone Fax Number

: (407)897-5336

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

| Email | Address: | | | | | | |
|-------|----------|--|--|--|--|--|--|
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RESULT INVESTMENTS AND CONSTRUCTION LLC

| Certificate of Status | 0. |
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| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

NOV 1 0 2014

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section

Division of Corporations RESULT INVESTMENTS AND CONSTRUCTION LLC SUBJECT: 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: ALEXANDRE L DE MORAES Name of Person RESULT INVESTMENTS AND CONSTRUCTION LLC Firm/Company 2131 MORRILTON CT Address ORLANDO, FL 32837 City/State and Zip Code OPERATIONS@ABKCORP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANDREA PINE 898-1757 Name of Person Daytime Telephone Number Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

□ \$60.00 Filing Fee, Certificate of Status & 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESULT INVESTMENTS AND CONSTRUCTION LLC

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

| The Articles of Organization for this Limited Liabi | ility Company were fi | led on | 08/26/2014 | and assigned | | | |
|---|--|-----------------------------|---------------------------------------|---------------------------------------|--|--|--|
| Florida document number L14000133330 | | | | | | | |
| This amendment is submitted to amend the following | ing: | | | | | | |
| A. If amending name, enter the new name of th | e limited liability co | mpany here: | | | | | |
| | | | | | | | |
| The new name must be distinguishable and end with the wor | ds "Limited Liability Cor | npany," the desi | gustion "LLC" or the | abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable | le: | · | · · · | | | | |
| (Principal office uddress MUST BE A STREET A | ADDRESS) | | | | | | |
| | | | | 222 | | | |
| | | | | 22 E 25 - F | | | |
| Enter new mailing address, if applicable: | | | | 表示 千 兰 | | | |
| (Mailing address MAY BE A POST OFFICE BO | 280 | | | fir - in | | | |
| | | | | 4 7 0 | | | |
| | - | | | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | ldress on or | ir records, <u>enter</u> | the name of the nes | | | |
| Tegistered agent and/or the new registered office | e auditess here. | | | • | | | |
| Name of New Registered Agent: | | | | | | | |
| Name of the state | | | | | | | |
| New Registered Office Address: | Enter Florida street address | | | | | | |
| | , Florida | | | | | | |
| | City | City | | | | | |
| New Registered Agent's Signature, if changing Reg | lstered Agent: | | | | | | |
| I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this change. | and complete perfor red agent as provide istered office addres | mance of my d for in Cha | duties, and I am pier 605, F.S. Or | familiar with and if this document is | | | |
| : | If Changing Re | gistered Agent | Signature of New R | enistered Apont | | | |

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MGR = Manager

AMBR = Authorized Member

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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:

Title Name Address. Type of Action **AMBR** DE MORAES, ALEXANDRE □ Add ■ Remove AMBR DE MORAES, JOSE L ■ Remove **AMBR** LEITE DE MORAES, ALEXANDRE **RUA CARLOS VASCONCELOS 510 APT 1300** □ Remove FORTALEZA, CE 60115-170 BR AMBR LEITE DE MORAES, JOSE RUA CARLOS VASCONCELOS 510 **APT 1300** ☐ Remove FORTALEZA, CE 60115-170 BR ☐ Rémove ☐ Remove

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| 10. | Paue | О | OI | n |

14076503010 From: Account Bookkeeping

2014-11-06 22:31:24 (GMT) H14000 259805 3 D. If amending any other information, enter change(s) bere: (Attach additional sheets, if necessary.)

(optional)

E. Effective date, if other than the date of filing:

(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 NOVEMBER 06 2014 Signature of a nispasser or authorized representative of a member ALEXANDRE LEITE DE MORAES

Typed or printed name of signee

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