

U4000158535Florida Department of State
Division of Corporations
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(((H14000287655 3)))



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To:

Division of Corporations

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From:

Account Name : *Arum. Sanz*

Account Number : I20070000136

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Fax Number : (786) 664-3375

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

Email Address: *asanz@arhmf.com*LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MH2 PAR, LLC

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FAX AUDIT NO. H14000287655 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MH2 PAR, LLC

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

The Articles of Organization for this Limited Liability Company were filed on October 9, 2014 and assigned
Florida document number L14000158535

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

City, Florida 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 603, 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alexandre Giggisberg Hannud	Rua Deputado Laercio Corte	<input type="checkbox"/> Add
		753 16 andar	<input checked="" type="checkbox"/> Remove
		05706-290 Morumbi, Sao Paulo, Brazil	
MGR	Alexandre Guggisberg Hannud	Rua Deputado Laercio Corte	<input checked="" type="checkbox"/> Add
		753 16 andar	<input type="checkbox"/> Remove
		05706-290 Morumbi, Sao Paulo, Brazil	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Address for other Manager, Marcelo Hossri Hannud should read as follows:

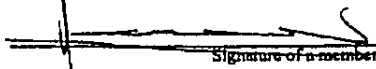
Rua Deputado Laercio Corte

753 16 andar

05708-290 Morumbi, Sao Paulo, Brazil

E. 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 December 1, 2014

Signature of a member or authorized representative of a member_____
Typed or printed name of signerSECRETARY OF STATE
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