## L14000160653

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OCT 22 2014 J. HARRIS

## **COVER LETTER**

TO: Registration Se Division of Cor				
	ICHES LLC			
SUBJECT:	· - Name of Limite	ed Liability Company		
	Amendment and fee(s) are subm			· <i>.</i>
Please return all correspo	ndence concerning this matter to Danielle Canhedo Art	-		,
	**************************************	Name of Person		
•	SUNSET PETROLE	JM LLC		
		Firm/Company	.* *>	4,
	4002 W 12TH AVENU	JE ·	· · ·	• •
	<u></u>	Address	· · · · · · · ·	
	HIALEAH, FL 33012			
	daniellecanhedo@gm	City/State and Zip Code ail.com		
	E-mail address: (to	be used for future annual report not	fication)	
For further information c	oncerning this matter, please cal	if:		
Danielle C. Arruda		305 439-2283	3	
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:		•	a a
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filin Certificate Certified Centified Centifie	of Status &
	• ',			1

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DVJ LANCHES LLC				
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears ( ited Liability Company)	on our records.)		_
The Articles of Organization for this Limited Liability Comp L14000160653	pany were filed on	15/2014	and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here	<b>:</b>		
The new name must be distinguishable and end with the words "Limited	Liability Company," the de	signation "LLC" or the ab	obreviation	n "L.L.C."
Enter new principal offices address, if applicable:			<u></u>	T.
(Principal office address MUST BE A STREET ADDRESS	5)		00	. m ∞m : m :
	<u> </u>			20
			-8	321
Enter new mailing address, if applicable:				45(E
(Mailing address MAY BE A POST OFFICE BOX)			<u>ப</u>	
		•	C)	
	<del>, , , , , , , , , , , , , , , , , , , </del>			
B. If amending the registered agent and/or registered		our records, enter 1	he nan	e of the ne
registered agent and/or the new registered office address	here:			
				·
Name of New Registered Agent:				
New Registered Office Address:				
Non Registered Office Medicus.	Enter Florid	a street address	<del></del>	*****
	, ·	. Florida		
	City	, Figrica	Zip Co	de

## 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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Laryssa R. N. Canhedo	199 Ocean Lane Dr. #910	<b>=</b> Add
		Commodore Club South	□ Remove
		Key Biscayne, FL 33149	
AMBR	DVJ LANCHES LTDA	QUADRA QI 19 LOTE 02 E 04	□ Add
<del></del>		BRASILIA, DF 72135190 BR	■ Remove
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Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or fil the date this document is filed by the Florida Department of State)	ed date and cannot b	e more than	<b>(optional)</b> 190 days after
the date this document is filed by the Florida Department of State)  October 16  2014	ed date and cannot b	e more than	<b>(optional)</b> n 90 days after
the date this document is filed by the Florida Department of State)  October 16  2014	ed date and cannot b	e more than	(optional) n 90 days after
the date this document is filed by the Florida Department of State)  October 16  2014	ed date and cannot b	c more than	(optional) 190 days after
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