

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****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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15 SEP 18 PM 4:48
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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AURORA PARTICIPACOES E CONSULTORIA EIRELI LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2015 SEP 18 A 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SEP 21 2015

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9/18/15, 1:14 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AURORA PARTICIPACOES E CONSULTORIA EIRELI 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 11/20/2014 and assigned
Florida document number L14000180469.

This amendment is submitted to amend the following:

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

AURORA PARTICIPACOES E CONSULTORIA LLC

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

Enter new principal offices address, if applicable:

199 E. Flagler St., Suite 173

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33131

Enter new mailing address, if applicable:

199 E. Flagler St., Suite 173

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33131

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 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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Fabricio Lopes de Queiroz	RUA ANDALUZITA 131, 12 ANI	<input type="checkbox"/> Add
		BRAZIL CEP 30310-030 XX	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Fabricio Lopes de Queiroz	199 E. Flagler St., Suite 173	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

(b) The 90th day after the record is filed.

Dated August 31, 2015

Signature of a member or authorized representative of a member:

Fabricio Lopes de Queiroz
Typed or printed name of signer

Page 3 of 3

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7
8
9
10
11