215000021902

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	gistration Se vision of Cor				
CI (D 1877).	FEROSA L				
SUBJECT		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		FELIPE OZI			
			Name of Person		
			Firm/Company		
		1325 SW 22ND TERRAC	E		
			Address		
		MIAMI, FL 33145			
		City/State and Zip Code felipeozi918@gmail.com			
		E-mail address: (to be used for future annual report notification)			
For further i	nformation c	oncerning this matter, please ca	all:		
FELIPE OZ	.I		786 553-5355		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FEROSA 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 Lia	bility Company were filed on 02/04/2015	and assigned
Florida document number 1.15000021902	.	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	`ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	*·· *··
B. If amending the registered agent and/or registered agent and/or the new registered offi		ecords, enter the name of the new
New Registered Office Address:		
New Registered Office Address.	Enter Florida street	address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:	
I hereby accept the appointment as registered provisions of all statutes relative to the proper	agent and agree to act in this capacity	I further agree to comply with the

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>	Type of Action
AMBR	STARLORD ASSETS, LTD	Vanterpool Plaza, 2nd Floor, Rod Town, Tortola, AL	
			■ Remove
			☐ Change
AMBR	COLLOSUS GLOBAL INC.	Vanterpool Plaza, 2nd Floor, Road Town, Tortola, BVI	Add
			□ Remove
		.	Change
			□ Add
			- Formation Reprove T
			Change
			Remove
			Change
	·		□ Add
			Remove
			Change
			Add
			Remove
			Change

D. If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
	· · · · · · · · · · · · · · · · · · ·
-	<u> </u>
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	To the second se
E. Effe	ctive date, if other than the date of filing: (optional)
Note	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ament's effective date on the Department of State's records.
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the 90th day after the record is filed.
Date	ed 12/11/2018.
	Signature of a member or author/ed representative of a member
	FABIO OZI, as Director of COLLOSUS GLOBAL INC.
	TADIO OZI, III DIREGIO DI CODESSOS CICODAD INC.

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Typed or printed name of signee

Filing Fee: \$25.00