L1500022900

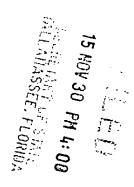
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COVER LETTER

TO: Registration Section Division of Corporation					
RIBEIF	RO E FILHO LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.				
Please return all corresponde	ence concerning this matter to the following:				
	JASMIME RODRIGUEZ				
	Name of Person				
	BEST QUICK TAX RETURNS				
	Firm/Company				
	320 S BUMBY AVE STE 10				
	Address				
	ORLANDO FL 32803				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
For further information cond	perning this matter, please call:				
JASMINE RO	ODRIGUEZ 407, 896-7921				
Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the f	following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,				

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status &

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIBEIRO E FILHO 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 02/06/2015 and assigned Florida document number L15000022900 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." 4416 S. LAKE ORLANDO PKWY UNIT 5-3 Enter new principal offices address, if applicable: ORLANDO FL 32808 (Principal office address MUST BE A STREET ADDRESS) 3564 AVALON PARK BLVD E STE 1 #110 Enter new mailing address, if applicable: ORLANDO FL 32828 (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: 4416 S. LAKE ORLANDO PKWY UNIT 5-3 New Registered Office Address: Enter Florida street address ORLANDO

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Man $AMBR = Aut$	ager horized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Add
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			Remove
			Add
			□ Remove

9.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(Effective date, if other than the date of filing:
	Dated NOVEMBER 23 2015
	Signature of a member or authorized representative of a member
	SILVIO RIBEIRO DA SILVA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

15 NOV 30 PM 4:00