L15000038586

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COVER LETTER

Divi	ision of Cor	porations				
	LEME HO	LDINGS LLC				
SUBJECT:		Name of Lin	nited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Miguel Adriano F Carvalh	00			
			Name of Person		_	
			Firm/Company		_	
		8386 Via Screna				
			Address		_	
		Boca Raton. FL 33433			SEC TALL	
		adriano@carvalho.com	City/State and Zip Code		AUG 1:	THE
For further in	formation c	E-mail address: (oncerning this matter, please c	to be used for future annual report notificall:	ation)	19 PH 2: ANY OF STA SSEE, FLOR	
Miguel Adria	ano F Carva	lho	305 8572827 at ()		2: 12 03:03:	
	Name o	f Person	Area Code Daytime	Telephone Numbe	T	
Enclosed is a	check for th	ne following amount:				
\$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
	Registr	ING ADDRESS: ation Section	STREET/COURIE Registration Section			

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

LEME HOLDINGS 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 $\frac{03/03/2015}{2}$ and assigned Florida document number L15000038586 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Miguel Adriano F Carvalho	8386 Via Serena.	_□ Add
		Boca Raton. FL 33433	■ Remove
			Change
MGR	Brokerinveste LLC	8386 Via Serena.	■ Add
		Boca Raton. FL 33433	□ Remove
			☐ Change
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			Remove
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(If an ef Note:	ive date, if other than the date of filing:	ng.) Pursuant to 605.0207 (3)(
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	n. on the earlier of:
Dated	August 15th 2016	
	Signature of a member or authorized representative of a member	
	MIGUEL ADRIANO F. CARVALHO	

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Filing Fee: \$25.00