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To:

Division of Corporations

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: (850)617-6383

From:

Account Name

: TAX PLACE

Account Number : I20100000011

Phone

: (954)369-4444

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RIBEIRO USA INVESTMENTS LLC

Certificate of Status	1
Certified Copy	0
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EFFECTIVE DATEOS

Electronic Filing Menu

Corporate Filing Menu

Help

Dear Officer,

When we review the Articles of Organization, unfortunately, the name of one member/manager is spelling wrong; please make the correction as described below:

ANNA FLAVIA D RIBEIRO - MGR / AMBR

Thank you for your cooperation.

Sincerely yours,

Luci Miranda

Registered Agente

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ribeiro USA Investments LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on ited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{05/20/2}{}$	015	_ and assigned
Florida document number L15000089584			
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 I	Liability Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		D.S.
		Jan 4	2015
		<u>≱</u> 2	
Enter new mailing address, if applicable:		Ž.	N pactor
(Mailing address MAY BE A POST OFFICE BOX)		mi-	
			# 111
		DRAID DIAID	9:1
B. If amending the registered agent and/or registere	d office address on our	r records, enter th	e same of the
registered agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida si	reet address	
· .		, Florida	
	City		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

EFFECTIVE DATE_05/24/15

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

Title	Name	Address	Type of Action
MGR	Anna Flavia D Ribeiro	1660 W Hillsboro Blvd	□ Add
		Deerfield Beach, FL 33442	□ Remove
			Change
AMBR	Anna Flavia D Ribeiro	1660 W Hillsboro Blvd	
		Deerfield Beach, FL 33442	☐ Remove
			Change
			MAdd 5
			AHL SSEE C. Change
			FLORIBA SIATE STAT
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<u> Vote:</u>	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days if the date inserted in this block does not meet the applicable statutory filing requirements mt's effective date on the Department of State's records.	after filing.).Pu , this date will	not be I	605.020 jsted a
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:0 90th day after the record is filed.)1 a.m. on	the ea	rlier o
ated	May 21st 2015			
	Signature of a member or authorized representative of a member			
	Signature of a memoer or authorized representative of a member			
	Registered Agent - / Mirarda			

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Filing Fee: \$25.00