

L1500016514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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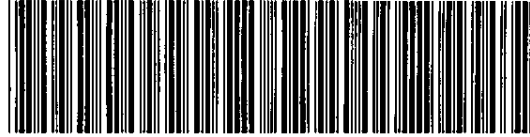
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JUL 23 P 12:39

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JUL 24 2015
L BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WELT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FABIO B MOREIRA
Name of Person
WELT LLC
Firm/Company
6220, S ORANGE BLOSSOM TRAIL, SUITE 600
Address
ORLANDO, FL 32809-US
City/State and Zip Code
CAROLINA@SAFETYTAX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINA MENECHETTI
Name of Person
407 888 4747
Area Code Daytime Telephone Number

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Enclosed is a check for the 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**

WELT 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 06/18/2015 and assigned Florida document number L15000106516.

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 "L.L.C."

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 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

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

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>
AMBR	NOVA PRODUTOS MEDICOS H	260 RUA AMERICA DO SUL QU	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Vita Sistemas Comercio, Importaçã	RUA APINAGES, N° 26, Qd. 117	<input checked="" type="checkbox"/> Add
		LT. 04. SETOR STA. GENOVEVA	<input type="checkbox"/> Remove
		GOIANIA - GO - BRAEIL	<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"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

VITA SISTEMAS COMERCIO, IMPORTACAO E EXPORTACAO LTDA - to be added as AMBR

ADDRESS: RUA APINAGES 26 - QUADRA 117, LT 4 - BAIRRO S. GENOVEVA, GOIANIA, GO, 74672 BR

NOVA PRODUTOS MEDICOS HOSPITALARES EIRELI - to be removed as AMBR

ADDRESS: 260 RUA AMERICA DO SUL, QUADRA 47 LOTE 32 S. GOIANIA, GO 74672 BR

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E. Effective date, if other than the date of filing: _____

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JULY 1st 2015



Signature of a member or authorized representative of a member

FABIO B MOREIRA

Typed or printed name of signer