L15000128805

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

TO:	Registration Sec Division of Corp		•				
SUBJE		VESTIMENTOS LLC					
SUBJE	<u> </u>	Name of Lim	ited Liability Company				
The en	closed Articles of A	amendment and fee(s) are sub	mitted for filing.				
Please	return all correspon	dence concerning this matter	to the following:				
		GUSTAVO KRAMER					
			Name of Person				
			Firm/Company				
		4401 CRYSTAL LAKE DR 103					
		Address					
		POMPANO BEACH, FL, 33064					
			· · · · · · · · · · · · · · · · · · ·				
		GUSTAVO@TBREI.COM E-mail address: (to be used for future annual report notification)					
				ication)			
For fur	ther information co	ncerning this matter, please ca	all:				
GUST	AVO KRAMER		954 621-5585				
	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclose	ed is a check for the	e following amount:					
□ \$2:	5.00 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

FILED 2015 AUG 26 PM 2: 04

STUNETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limi	ted Liability Con (A Florida Limit	pany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited L Florida document number L15000128805		ny were filed on 07/27/2015	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited li	ability company here:	
NA			
The new name must be distinguishable and contain the	words "Limited Lis	ability Company." the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NA	
Principal office address MUST BE A STREI	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	
3. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			nter the name of the
New Registered Office Address:	NA		

New Registered Agent's Signature, if changing Registered Agent:

MUNDLINVESTIMENTOS LLC

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

NA

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida NA

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>	Address	Type of Action
MGR	GUSTAVO KRAMER	4401 CRYSTAL LAKE DR. 103,	Add
		POMPANO BEACH, FL, 33064	□ Remove
			☐ Change
AMBR	LUIS HENRIQUE BARBOSA	4401 CRYSTAL LAKE DR. 103,	🗆 Add
		POMPANO BEACH, FL. 33064	□ Remove
			Change
AMBR —	LUIS FELIPE BARBOSA	4401 CRYSTAL ŁAKE DR. 103,	□ Add
		POMPANO BEACH, FL, 33064	☐ Remove
			Change
AMBR	LUIS GUSTAVO BARBOSA	4401 CRYSTAL LAKE DR. 103,	□ Add
		POMPANO BEACH, FL, 33064	□ Remove
			Change
AMBR	NATALIA BARBOSA	4401 CRYSTAL LAKE DR. 103,	
		POMPANO BEACH, FL, 33064	Remove
			Change
	APARTON TOTAL STATE OF THE		
			□ Remove
			Change

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Effective date, if other than the	.l	08/24/15			/ 4:	-1\	
(If an effective date is listed, the date mus Note: If the date inserted in this bloocument's effective date on the Defective date of the Defective date on the Defective date of the Defective date o	t be specific at ock does not	nd cannot be prior to meet the applica	to date of fil able statuto	ing or more the ry filing requ	(option in 90 days after fil irements, this d	ing.) Pursuant to 60	05.0207 (3)(1 sted as the
the record specifies a delayed) The 90th day after the rec			: an effe	ctive time,	at 12:01 a.r	n. on the ear	ier of:
Dated August 24		2015					
		·	_· ~/	/			
	Signature of	n member or autho	rized rapres	ontativo of a n	tember		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00