

Nov. 2, 2015 11:38AM
11/2/2015

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Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L5000133199

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SQUARE INSTRUMENT DISTRIBUTION LLC**

Certificate of Status	0
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SQUARE INSTRUMENT DISTRIBUTION 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 08/04/2015 and assigned
Florida document number J-15000133199

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 "L.L.C." 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

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If retaining 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>
MGRM	PC CENTER LLC	1952 NW 93RD AVE	<input type="checkbox"/> Add
		DORAL FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	GOLDEN TRIPS TURISMO LTDA	RUA CANTAGALO 692	<input type="checkbox"/> Add
		SALA 1210 TATU APE	<input checked="" type="checkbox"/> Remove
		SAO PAULO BR 03319-000	<input type="checkbox"/> Change
MGRM	SHINBRO INTERNACIONAL COME	RUA ANAZ DE PAULA	<input type="checkbox"/> Add
		MACHADO N 285	<input checked="" type="checkbox"/> Remove
		SAO PAULO BR 03808-010	<input type="checkbox"/> Change
MGRM	GULLA PARTICIPACOES LTDA	RUA JOAQUIM ANTONIO	<input type="checkbox"/> Add
		NASCIMENTO N108	<input checked="" type="checkbox"/> Remove
		SAO PAULO BR 14024-180	<input type="checkbox"/> Change
MGRM	ROGERIO A. DA SILVA	10190 COLLINS AVE	<input checked="" type="checkbox"/> Add
		BAL HARBOUR FL 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	TIIAGO SCHEINER MAYEIRO	1952 NW 93RD AVE	<input checked="" type="checkbox"/> Add
		DORAL FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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If ~~anyone~~ ~~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>
MGRM	PEDRO LUIZ GULLA	296 KANAN ROAD OAK PARK	<input checked="" type="checkbox"/> Add
		CA 91377	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(optional)

(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 10/29/2015

~~Signature of a member or authorized representative of a member~~

MGRM

Typed or printed name of signee