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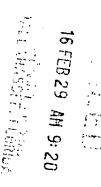
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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TO:	Registration Se Division of Cor	ction porations		
SUBJ:	BVH Service			
SUDJ.	ECT:		ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Paulo Rigazzo		
			Name of Person	
		Exclusivee Group LLC		
			Firm/Company	
		1221 Brickell Avenue, Sui	te 2570	
			Address	· · · · · · · · · · · · · · · · · · ·
		Miami, FL.33131		
	:		City/State and Zip Code	
		paulo@exclusivee.com	10.0	
			to be used for future annual report notifi	ication)
For fu	rther information co	oncerning this matter, please ca	all:	
Paulo	Rigazzo		305 306-7777 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	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

BVH Services LLC					
(Name of the Lim	nited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
the Articles of Organization for this Limited lorida document number L 15000186257	Liability Company	were filed on 11/03/2015	and assigned		
his amendment is submitted to amend the fo	llowing:				
If amending name, enter the new name	of the limited liab	ility company here:			
ne new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		No Change			
Principal office address MUST BE A STRE	ET ADDRESS)				
nter new mailing address, if applicable:		No Change			
Mailing address MAY BE A POST OFFICE	E BOX)				
		1011			
. If amending the registered agent and egistered agent and/or the new registered of	•	•	r the name of the		
		-			
Name of New Registered Agent:	Paulo Rigazzo		6		
Name of New Registered Agent.			12 G		
New Registered Office Address:	No Change	Enter Florida street address	- (318) 		
		Emer Fioriaa sireel adaress	2		
		, Florida _	r-,		
		City	Zip Code		

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

Page 1 of 3

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>		Type of Action			
AMBR	Paulo Rigazzo	1221 Brickell Avenue, Suite 2470	■ Add			
		Miami, FL. 33131	□ Remove			
			☐ Change			
AMBR	Bruno Benevides	1221 Brickell Avenue, Suite 2470	■ Add			
		Miami, FL. 33131	□ Remove			
			☐ Change			
AMBR R	Rafael Granato	1221 Brickell Avenue, Suite 2470	□ Add			
		Miami, FL. 33131	■ Remove			
			□ Change			
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tive date, if other than the d	ate of filing: 02/23/2016		(optional)		P.
ffective date is listed, the date must be	be specific and cannot be prior t	o date of filing or mor	e than 90 days after filing	.) Puṛṣuant to 60	0,کړ
If the date inserted in this bloc ment's effective date on the Dep		ble statutory ning	=	<u> </u>	Sieco
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ecord specifies a delayed	effective date, but not	an effective tir	ne, at 12:01 a.m.	on the earl	lier
e 90th day after the recor			•		
	****		-		
February 22nd	, 2016	- 1 /			
		Carried H			
	·	15-11	Companies		
S	ignature of a me mber or auth or	représentative o	f a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00