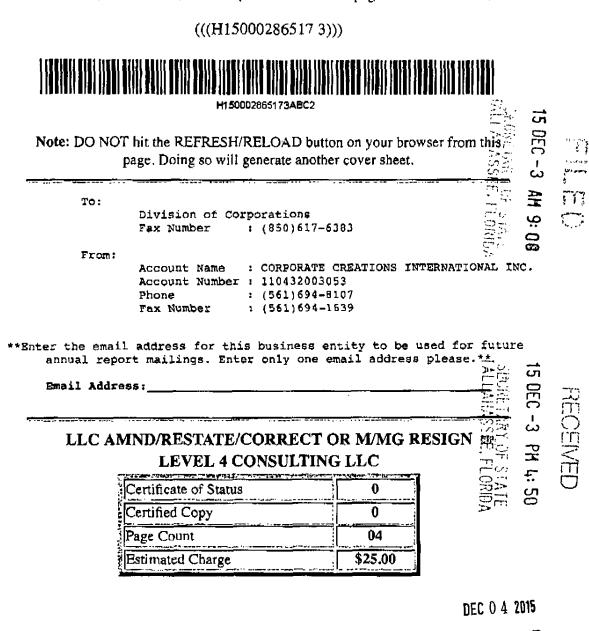
Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



Y SULKER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	, Flor	idaZip Code
New Registered Office Address:	Enter Florida street address	00 1
Name of New Registered Agent:		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address here:	enter the name of the new
D. If amending the washtown agent and/au	supplied a Color address on the supplied and the supplied	
		<u> </u>
(Mailing address MAY BE A POST OFFICE B	0X)	***
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new principal offices address, if applicab	ole:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
A. If amending name, enter the new name of t	he limited liability company here:	
This amendment is submitted to amend the follow	ving:	
Florida document number L15000197113	·	
The Articles of Organization for this Limited Liab	bility Company were filed on 11/25/2015	and assigned
A.	Liability Company as it now appears on our records. A Florida Limited Liability Company)	J
Name of the Limited	I V Sabilitar Commanda de am	

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

Title Name Ad		Address	Type of Action	
Manager	Paola Silva Cordeiro	Av. Padres Olivetanos. 735, Cj 03	= Add	
		Vila Esperanca	□ Remove	
		Sao Paolo, SP 03648 Brazil	☐ Change	
			□ Remove	
			☐ Change	
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			Change 15 Add D Remove	
			DrOhange 9:	
			□ Change	
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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of fil Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 60; ory filing requirements, this date will not be list	5.0207 () cd øs tl	3)(b) he
ne record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earli	er of:	
Dated December 3 2015			
Signature of a number or actiforized repres	sentative of a member		

Page 3 of 3

Filing Fee: \$25.00