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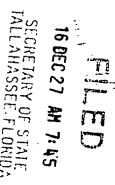
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Se Division of Cor				
eup iec	TTS.	ER42 AMERICA, LLC			
SUBJECT: Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		JOAO H. GOMES, CPA			
			Name of Person		
		ACCOUNTINGALLY, L	LC .		
		<u> </u>	Firm/Company		
		312 SOUTHEAST 17TH S	STREET, SUITE 301		
			Address		
		FORT LAUDERDALE, F	L 33316		
			City/State and Zip Code		
		jgomes@accountingally.com			
		·	to be used for future annual report notifica	ation)	
For furthe	r information co	oncerning this matter, please ca	aff:		
JOAO H.	GOMES, CPA		954 510-1898 at ()		
·	Name of	Person	Area Code Daytime T	elephone Number	
Enclosed	is a check for th	e following amount:			
□ \$25.0¢	0 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 Clitton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our renited Liability Company)	cords.)
pany were filed on 12/01/2015	and assigned
liability company here:	
Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
	
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Enter Florida street ac	ldress
	, Florida
City	Zip Code
	Liability company here: Liability Company," the designation of the de

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

Page 1 of 3

y

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
AMBR	DANIEL D. PISANO	Rua Campos Salles 2535, Casa 11	D Add
		Valinhos, SP 13272-350 BR	■ Remove
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Effective date, if other than the date of filing: 11/21/2016 (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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The 90th day after the record is filed. Dated NOVEMBER 21ST 2016 Signature of a member or beforeigned representative only member.							
Effective date, if other than the date of filing: 11/21/2016 (optional)							
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Filing Fee: \$25.00