9.12.2018



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Division of Corporations

Fax Number : (850)617-6363

From:

Account Name : COMPANY COMBO, LLC

Account Number : I20160000033 Phone : (866)428-2030 Fax Number : (407)308-0481

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TO:	Registration Se Division of Cor				
CUD IE	OHO FAM	HLY INVESTMENTS, LLC			
SUBJEC	1;	Name of Lamit	led Liability Company		
The encl	losed Anicles of	Amendment and fec(s) are subn	nited for filing.		
Please n	eturn all correspo	indence concerning this matter (o the following:		
		DIEGO L P SAMPAIO			
			Name of Person	 -	
		COMPANY COMBO, LLA			
		8600 COMMODITY CIR,			
		Address			
		ORLANDO, FL32819			
			City/State and Zip Code		
		INFO@:COMPANYCOMB F-mail address: (t	O.COM o be used for future annual report notifi	cation)	
For furt	her information of	concerning this matter, please or			
DIEGO	SAMPAIO		866 428-2030 at ()		
	Name	of Person	Area Code Daytime	Telephone Number	
Enclose	d is a check for t	he following amount:			
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Centificate 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)	
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Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 DocuSign Envelope ID: 3B1D2118-E157-4E48-8268-97D09DEA9516

ARTICLES OF ORGANIZATION OF

OHO FAMILY INVESTMENTS, LLC			
(<u>Name of the Limited Liabilit</u> (A Florada	y Company as it now appears on o Limited Liability Company)	nt tecolds.)	
The Articles of Organization for this Limited Liability Co Florida document number 1.15000209803		and assigned .	
	<u>—</u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:	•	
		of the control of the	
The new name must be distinguishable and contain the words "Linu	ned Laubinty Company," the designa	non "ELC" of the addieviation (E.E.C.	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		and the second s	
B. If amending the registered agent and/or registered agent and/or the new registered office address.	tered office address on our ress here:	records, enter the name of the n	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
		, Florida	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered	d Agent:		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and coacept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my o gent as provided for in Chap, ed office address, I hereby co	luties, and I am familiar with and ver 605, F.S. Or, if this document is	
	If Charaina Registered Agent 5	ionature of New Registered Agent	

OccuSign Envelope (D: 381D2118-E157-4E48-8268-97D09DEA9516

MGK =	Manager	
AMBR =	Authorized	Member

<u> Title</u>	Name	Address	Type of Action
AMBR	TARIK HADURA ORRA	ROSA BARIBHERI PAIOTTI, 385	■ Add
 		SAO JOSE DOS CAMPOS, SP	
		12244-050 BRAZIL	
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record specifies a delayed	effective date, but no	st.an effective time	a. at 12:01 a.m.	on the earli
The 90th day after the reco	rd is filed.			
OCTOBER 5	2017	 ·		
	, DecuSigned			
	1 And the	· Luis Alans		
-	{ · ·	adura Orra	1100111100	
-	Tank to	·	member	

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