

L16000020373
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.

((H16000195724 3)))



H160001957243ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

2016 AUG 10 AM 8:42
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RECOMENDO EM USA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2016 AUG 10 AM 8:33

TALLAHASSEE, FLORIDA

2016 AUG 11 2016
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

H16000195724 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RECOMENDO EM USA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREA WOODARD

Name of Person

ABK CORP

Firm/Company

3300 S HIAWASSEE RD STE 106

Address

ORLANDO, FL 32835

City/State and Zip Code

OPERATIONS@ABKCORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA WOODARD

407

898-1757

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

H16000195724 3

136000195724 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RECOMENDO EM USA 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 01/29/2016 and assigned
Florida document number L16000020373

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 "LLC" 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

City, Florida 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

H16000195724 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>	<u>Type of Action</u>
MGR	Ahmet Apas Oliveira, Dunia Rega	6965 Piazza Grande Ave Ste 309	<input type="checkbox"/> Add
		Orlando, FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Damiani, Alexandre	6965 Piazza Grande Ave Ste 309	<input checked="" type="checkbox"/> Add
		Orlando, FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

6 AUG 10 AM 8:42
 SECURED BY STATE
 TALLAHASSEE, FL 32304

H16000195724 3

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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.

Dated August 08

2016

Signature of a member or authorized representative of a member

ALEXANDRE DAMIANI

Typed or printed name of signee

Page 3 of 3

H 16000195724 3