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.

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	• •	so will generate another cover sheet.	IAN OF	<u>a</u>
то:	Division of C Fax Number	Corporations	LAHASSE	15 MAY 20
From:			71 	70

: ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757

Account Name

: (407)897-5336 Fax Number

\*\*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 LINDA BY BRASIL LLC

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

MAY 23 2016

Electronic Filing Menu

Corporate Filing Menux SULKER

Help

From Account Bookkeeping 1.321.888.4914 Fri May 20 14:51:54 2016 MDT Page 2 of 4

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Li	NDA BY BRASIL LLC			
	(Name of the Limited Lia (A Flo	bility Company as it now appears or da Limited Liability Company)	on our records.)		
he Articles of Organization	for this Limited Liabilit	y Company were filed on	02/08/2016	and ass	igned
orida document number	L16000025798				•
nis amendment is submitted	i to amend the following	<b>;</b> :			
If amending name, ente	r the new name of the l	imited liability company her	<u>re</u> :		
		ZIBRASIL LLC			
new name must be distinguish	able and contain the words "I	Limited Liability Company," the de	signation "LLC" or th	e abbreviation "L.I	.c.
iter new principal offices	address, if applicables				
•					
rincipal office address Mi	<u> Weren vikeel ad</u>	DRESS)		<del></del>	
ter new mailing address.	. if applicable:				
uiling address MAY BE	• •				
uning unuress MAT BE A	(POST OFFICE BOX)				
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		gistered office address on	our records, ent	ter the name o	of the 1
istered agent and/or the	new registered office a	daress nere:		要に	1
				20 SSI	Haterbaye Standards
Name of New Regi	stered Agent:			1717 -	i
				m = =	
New Registered Of	ince Address:	Faire klim	da sireei address	S S	
		Laige Piote	40 AN CEL (1001 USS	R 20	-
			, Florida	25	
		Ciry		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

Page 1 of 3

# From Account Bookkeeping 1.321.888.4914 Fri May 20 14:51:54 2016 MDT Page 3 of 4 H 16 000125849 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>	Address	Type of Action
***************************************			
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Page 2 of 3

## From Account Bookkeeping 1.321.888.4914 Fri May 20 14:51:54 2016 MDT Page 4 of 4 H16000125849 3

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effective o e: If the	te, if other than the date of filin late is listed, the date must be specific and date inserted in this block does not a effective date on the Department of S	i cannot be prior to date neet the applicable sta	of filing or more than 90 de	<b>(optional)</b> lys after filing.) Pursua nts. this date will no	int to 605.02 t be listed
ecord s ne 90th	specifies a delayed effective of day after the record is filed.	date, but not an e	ffective time, at 17	2:01 a.m. on the	e earlier
ed	MAY 16	2016			
		SA	)		
****	Signature of a	member or sumbrized re	presentative of a member		<del></del>

Page 3 of 3

Filing Fee: \$25.00