## 216000046486

(Re	equestor's Name)	
(Ac	ldress)	
- (Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300288873773

08/15/16--01028--006 \*\*30.00

2016 AUG 15 PM 1:56
SICCRETARY OF STATE
ANASSEE FLORING

K. SALY EXMAINER

AUG 18

## **COVER LETTER**

Division of Cor	porations		
AFSM Inve	stments LLC		
	Name of Limited L	iability Company	
The enclosed Articles of .	Amendment and fec(s) are submitte	d for filing.	
Please return all correspo	ndence concerning this matter to the	e following:	
	Derek Breen		
		Name of Person	
	Breen Accounting & Tax Service	ce Inc	
		Firm/Company	·
	3359 W Vine St Suite 104		
		Address	
	Kissimmee FL 34741		
	Cit	y/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	dbreen@fltaxservice.com		
	E-mail address: (to be	used for future annual report notific	cation)
For further information co	oncerning this matter, please call:		
Derek Breen		407 931-2344	
Name of	f Person	at ()	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	l \$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:** 

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AFSM Investments, 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 Florida document number 1000046486 LIGOO	Company 04648	were filed on $\frac{03/07/2016}{\cdot}$	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liab	ility company here:	
The new name must be distinguishable and contain the words "l	imited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3359 W Vinc Street Suit	e 104
(Principal office address MUST BE A STREET ADDRESS)		Kissimmee FL 34741	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3359 W Vine St Suite 10 Kissimmee FL 34741	)4
B. If amending the registered agent and/or re registered agent and/or the new registered office a			ecords, enter the name of the new
Name of New Registered Agent: Bree	en Accounti	ng & Tax Service Inc	
New Registered Office Address: 3359 W Vine Street Suite 104			
		Enter Florida street	address
Kis	simmee		, Florida <u>34741</u>
		City	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

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>	<b>Type of Action</b>
MGR	Anderson Felipe Da Silva Moraes	Rua DR. Borman No. 23	■ Add
		conjunto 216/217 Centro - Niteroi	□ Remove
		RJ - CEP 24.020-320 BRAZIL	Change
			D Add
			□ Remove
		Change "T	
		Remover F	
			□ Add
			Remove
			Change
		□ Add	
		Remove	
			☐ Change
			Add
			Remove
			☐ Change

. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
, ,	
	70
	TALLANS TO THE TENT OF THE TEN
<del></del>	
	TO TO THE TOTAL TO
<del></del>	
	······································
(If an effective Note: If the	date, if other than the date of filing:  08/15/2016  (optional)  we 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 (3)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the day after the record is filed.
Dated	08)11/2016.
	Signature of a member or authorized representative of a member
	Anderson Felipe Da Silva Moraes Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00