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City 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.

DORAL

Changing Registered Agent, Signature of New Registered Agent

Florida 33166

Zip Code

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page 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 Type of Action Title Name. Address Jose H. De Oliveira Bisneto 3650 NW 82ND AVE AMBR D Add SUITE 404 🖬 Remove DORAL, FL 33166 🗖 Change Bruno Raphael Da Silva Matos 3650 NW 82ND AVE AMBR Add 🗆 SUITE 404 C Remove DORAL, FL 33166 🗑 Change DbA 🗖 C Remove 201 2 1 5 **__**___ 22 D odd HO: Remove - **T**'T CT CT CHange _ Add C Remove D Change D Add C Remove Change Page 2 of 3

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)



E. Effective date, if other than the date of filing: _______(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 (3)(b) 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dat	ed AUGUST 18	, 2016
	Druno//Le	Signature of a member or authorized representative of a member
	BRUNO RAPHAE	L DA SILVA MATOS
		Typed or printed name of signee
		Page 3 of 3
		Filing Fee: \$25.00