LK600059438

Office Use Only



400290095904

10/20/16--01010--010 **25.00

OCT 25 MERIES

COVER LETTER

TO:	Registration Se Division of Cor			
40.00	PROVENC	E, LLC		
SUBJE			nited Liability Company	
		ivanie di Bin	med 2 metholy company	
The end	losed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please 1	eturn all correspo	ndence concerning this matter	to the following:	
		DIEGO SAMPAIO		
			Name of Person	
		COMPANY COMBO LLO	С .	
			Firm/Company	
		8751 COMMODITY CIR	STE 5	
		1.004	Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	
		INFO@COMPANYCOME		
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please c	all:	
DIEGO	SAMPAIO		866 428-2030 at ()	
	Name of	ſ Person	Area Code Daytime	e Telephone Number
Enclose	d is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROVENCE, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our recorda Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number L16000059438	and assigned	
Florida document number	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9 3
11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		<u> </u>
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ds, enter the name of the ne
registered agent and/or the new registered office a	uditess li <u>ere</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addr	ess
<u> </u>		Florida
	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>	Address	Type of Action
AMBR	Ricardo Esmeraldino Filho	2064 Rodovia Haroldo Soares	Add
		Glavan Casa 11 Florianopolis-SC	■ Remove
		88050-005- BR	Change
AMBR	Leonardo Esmeraldino	347 Rua da Pedra, Apt 1202	
		Palhoca- SC 88137-045 - BR	□ Remove
		and the state of t	Change
			Add
			Remove
			Change
	·		Add
			□ Remove
			☐ Change
			ader
			Remove
			□ Change C
			Add A
			Remove
			□ Change

1					.	_
			1			_
7-41		·	•			_

				· · · · · · · · · · · · · · · · · · ·		_
						_
						_
						_
		·				_
						_
						_
		<u> </u>				
						_
						_
ective date, if other that effective date is listed, the date: If the date inserted in ument's effective date on	this block does no	ot meet the applica	o date of filing or m ble statutory filin	ore than 90 days after g requirements, thi	onal) r filing.) Pursuant to 60 s date will not be lis	05.0207 sted as
	layed effectiv		an effective t	ime, at 12:01	a.m. on the ear	lier of
		ed.				
he 90th day after th		ed. 2016				
he 90th day after th			_·		5	
he 90th day after th						}
he 90th day after th	e record is file			of a member	=	
he 90th day after the	e record is file			of a member		
record specifies a de he 90th day after the OCTOBER 17 ed DIEGO SAMPAI	e record is file	, 2016 of a member or author	rized representative	of a member		

Page 3 of 3

Filing Fee: \$25.00