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(Address)				
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COVER LETTER

TO:	Registration Se Division of Cor		•	•		
011D ID		GROUP & INVESTMENTS I	.I.C	·		
SUBJE	СТ:	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub-		·		
reaser	oca ii an con capa	Iveta Rietschel				
			Name of Person			
Bookkeeping South Florida LLC						
			Firm/Company			
		4219 Tyler Street				
	Address .					
		Hollywood, FL 33021		•		
			City/State and Zip Code	1		
		iveta@bookkeepingsouthfle				
		E-mail address: (to be used for future annual report not	ification)		
For furt	her information of	concerning this matter, please ca	all:	·		
Iveta R	ietschel		305 775-5294			
	Name o	of Person	at () Area Code Daytin	ne Telephone Number		
Enclose	ed is a check for t	he following amount:				
\$25	.00 Filing Fee	S30.00 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

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.C."
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:

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>	Type of Action	
		,	∩ ∆dd	
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			☐ Change	
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D. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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(If an effe <u>Note:</u> I	e date, if other than the date of filing:	ant to 605. of be liste	0207 (3)(d as the	b)
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the other day after the record is filed.	ne earlie	r of:	
Dated_	7/10 2016			
	If and end form			
	Signature of a member of authorized representative of a member		<u>.</u> €	
<	Marcos Rinaldo Manzini			
	Typed or printed name of signee		تَنَ	•
			1:01	27ths
	Page 3 of 3		j :0	STATE OF
	Filing Fee: \$25.00	Omi }∽		

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