L16000082848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

06/07/16--01010--023   **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN -7 PH 12: 10

N COOPER

JUN 0 8 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GUIA BRASIL AMERICA LLC
_____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIANA DOS SANTOS
_____
Name of Person

GFS TAX & ACCOUNTING SERVICES
_____
Firm/Company

2001 W CYPRESS CREEK RD STE 102B
_____
Address

FORT LAUDERDALE, FL 33309
_____
City/State and Zip Code

JULIANA@GFSTAXACCT.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIANA DOS SANTOS   954   957-3244
_____ at (_____) _____
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                   Certificate of Status   Certified Copy   Certificate of Status &
                                       (additional copy is enclosed)   Certified Copy
                                                           (additional copy is enclosed)

MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GUIA BRASIL AMERICA 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 Company were filed on 04/28/2016 _____ and assigned

Florida document number L16000082848 _____ .

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

_____
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:	999 BRICKELL AVENUE
(Principal office address MUST BE A STREET ADDRESS)	STE 410
	MIAMI, FL 33131
Enter new mailing address, if applicable:	999 BRICKELL AVENUE
(Mailing address MAY BE A POST OFFICE BOX)	STE 410
	MIAMI, FL 33131

18 JUN -7 PM 12: 10 SECRETARY OF STATE DIVISION OF CORPORATION FILED

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
                                        Enter Florida street address

_____, 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

Page 1 of 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

Title	Name	Address	Type of Action
————	—————————	————————————————	☐ Add
		————————————————	☐ Remove
		————————————————	☐ Change
————	—————————	————————————————	☐ Add
		————————————————	☐ Remove
		————————————————	☐ Change
————	—————————	————————————————	☐ Add
		————————————————	☐ Remove
		————————————————	☐ Change
————	—————————	————————————————	☐ Add
		————————————————	☐ Remove
		————————————————	☐ Change
————	—————————	————————————————	☐ Add
		————————————————	☐ Remove
		————————————————	☐ Change
————	—————————	————————————————	☐ Add
		————————————————	☐ Remove
		————————————————	☐ Change

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.

Dated __JUNE 5TH_____ _2018_____ .

_____
Signature of a member or authorized representative of a member

ROSARIA VALERIANA DE OLIVEIRA SILVA
_____
Typed or printed name of signee

Page 3 of 3

Filing Fee: $25.00