

L16000087040

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000215453 3)))



H170002154533ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2017 AUG 14 PM 4:34

RECEIVED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VESTEM USA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

17 AUG 14 AM 9:07

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

AUG 15 2017

H17000215453

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VESTEM USA, 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 05/06/2016 and assigned
Florida document number L16000087040.

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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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:

TAX MANAGEMENT SERVICES CORP.

New Registered Office Address:

1470 NW 107TH AVENUE, SUITE E

Enter Florida street address

MIAMI

Florida

City

33172

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

H17000215453

H17000215453

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>	<u>Type of Action</u>
MGR/ AMBR	FLAVIO DAS NEVES FERES	1850 NW 84 AVENUE, STE 116	<input checked="" type="checkbox"/> Add
		DORAL, FL 33126	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	FABIANA N F BACCARO	1850 NW 84 AVENUE, STE 116	<input type="checkbox"/> Add
		DORAL, FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JULIANA JUNQUEIRA NICOLAU FERES	1850 NW 84 AVENUE, STE 116	<input type="checkbox"/> Add
		DORAL, FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VESTEN INDUSTRIA E COMERCIO E CONFECÇOES LTDA.	1850 NW 84 AVENUE, STE 116	<input checked="" type="checkbox"/> Add
		DORAL, FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
AUG 14 AM 9:07
2017
FBI - MIAMI

H17000215453

H 170 002 15453

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: JULY 26TH, 2017 (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 August 14, 2017

Signature of a member or authorized representative of a member

FLAVIO DAS NEVES FERES

Typed or printed name of signee

Page 3 of 3

FILED
17 AUG 14, AM 9:07
FBI - NEW YORK

H17000215453