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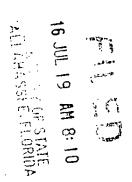
| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | ision of Corp | | | |
|----------------|-------------------------------|--|--|--|
| SUBJECT: | WISECOM | E HOLDING LLC | | |
| ocimica. | | Name of Lim | ted Liability Company | |
| The enclosed | l Articles of A | Amendment and fee(s) are sub- | nitted for filing. | |
| Please return | all correspon | ndence concerning this maiter | to the following: | |
| | | JUAN A SERRAT | | |
| | | | Name of Person | |
| | | WISECOME HOLDING I | LC | |
| | | | Firm/Company | |
| | | 9600 SW 8 ST, STE 2 | | |
| | | | Address | |
| | | MIAMI FL 33174 | | |
| | | | City/State and Zip Code | |
| | | jserrat@wisecomeholding.c | om to be used for future annual report no | (ification) |
| For further is | nformation o | oncerning this matter, please or | · | ancatton, |
| | | omeering in s mater, preuse of | 786 554-8965 | |
| My Lai Her | | f Person | | me Telephone Number |
| | ivaine o | i reison | Area Code Dayin | ne relephone Number |
| Enclosed is | a check for th | ne following amount: | | |
| ■ \$25.00 F | 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) |
| | | | | |
| | Registr Divisio P.O. Be | ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314 | STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3 | orations Center Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Wisecome | Holding Lle | |
|--|--|---|
| (Name of the Limited Liabil (A Florid | ity Company as it now appears on o a Limited Liability Company) | ur records.) |
| The Articles of Organization for this Limited Liability (Florida document number | Company were filed on | 15/25/2016 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designa | tion "L.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | RESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ade | | records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida st | reet address |
| · | City | Florida 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 = Au | uthorized Member | | |
|--------------|---------------------|---|-------------------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGRM | Danilo Torres Roman | 9600SW 83T, Ste2 | db ∕Add |
| | | liami FL 33174 | □ Remove |
| | | | Change |
| MERH | L. Bruno Kamavo | Rua Dos Marecos 02 3/ | <u>√</u> <u>@</u> ∕√dd |
| | | Bruno Kamavo Rua Dos Marecos 02 3/N BAIRRO POPULAR, 03 LUAND-A AO | $d - A \square$ Remove |
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| effective date is | other than the date of filing: | (optional) filing or more than 90 days after filing.) Pursuant to 605.02 |
| <u>te:</u> If the date i nument's effecti | nserted in this block does not meet the applicable statu we date on the Department of State's records. | tory filing requirements, this date will not be listed |
| | | |
| record speci | fies a delayed effective date, but not an eff | ective time, at 12:01 a.m. on the earlier |
| | after the record is filed. | , |
| | , , , | |
| ted | 14 15 , 2016. | |
| | VI/ V/ - | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00