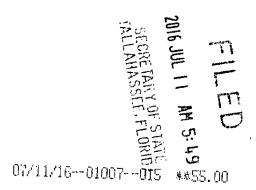
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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K. SALY EXAMINER

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() Nonpredit		
() Foreign	(X) Amendment	() Merger
() Limited Partnership	() Dissolution/Withdrawal	() Mark
() LLC	() Reinstatement	
•	() Annual Report	() Other
	() Name Registration	
(X) Certified Copy	() Fictitious Name	<u>()</u> UCC
Amendment Filing		
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: 139 RO	SALES COURT, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	,		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondense concerning this matter	to the following:	
	PAULO MIRANDA		
		Name of Person	
	PSM CORPORATE	SERVICES INC.	
مور		Firm/Company	
	1001 BRICKELL BA	Y DRIVE, SUITE 2406	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
, ι	psm@psmcorporate.	COM o he used for future annual report notifi	(eution)
For further information i	concerning this matter, please ca		(Control of the Control of the Contr
LIVIA VIEIRA	one maker, preuse ee	305 4 56-3752	
	of Person	at ()	Telephone Number
. value o		Tiva code Dayinine	Telephone Pullison
* Enclosed is a check for the	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)
	ING ADDRESS:	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED 2016 JUL 11 AM 5: 50

139 ROSALES COURT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

registered agent and/or the new registered office address he Name of New Registered Agent:		
registered agent and/or the new registered office address ne		
B. If amending the registered agent and/or registered		s, enter the name of the new
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Principal office address MUST BE A STREET ADDRESS)		
The new name must be distinguishable and end with the words "Limited Lie Enter new principal offices address, if applicable:	- ,	
A. If amending name, enter the new name of the limited lia		
This amendment is submitted to amend the following:		
Florida document number L16000106233		

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBP = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action membe Furia Investment Fund Av. Ataulfo de Paiva, 1100/502 Add Leblon, Rio de Janeiro/RJ □ Remove CEP 22440-035, Brazil □ ∧dd

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Page 3 of 3

Filing Fee: \$25.00

2016 JUL 11 AM 5: 50 SECRETARY OF STATE TATE AHASSEE, FLORID