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COVER LETTER

	Registration Se Division of Cor			
SHO IEC		national LLC		
SUBJECT:				
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.	
		indence concerning this matter	•	
		Alice Muzzi		
			Name of Person	
		Drummond Consulting, L	LC	
			Finn/Company	
		601 Brickell Key Drive Su	ite 901	
			Address	
		Miami, Florida - 33131		
			City/State and Zip Code	
		amuzzi@drummondadvisoi	rs.com	
		E-mail address: (to be used for future annual report notification)	
For furth	er information c	oncerning this matter, please c	all:	
Alice M	luzzi		781 770-0005 ext. 13	
	Name o	f Person	at () Area Code Daytime Telephone Number	
Enclosed	is a check for the	he following amount:		
□ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	© \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) © \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration		Street Address: Registration Section	
Registration Section Division of Corporations		orporations	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		rt 52314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARBOR INTERNATIONAL LLC

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

(A Florida Limited Liability Company)

(A FRIIGA GII	mice (sabitity Company)	
The Articles of Organization for this Limited Liability Con-	pany were filed on 09/06/2016	and assigned
Florida document number L16000166676		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u> </u>	,,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, <u>enter</u>	the name of the new registered
New Registered Office Address:		
	Enter Florida street addres	7.
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, ar t as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
ī	Changing Registered Agent, <u>Signature o</u>	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

Title	<u>Name</u>	Address	Type of Action
MBR	ARBOR BRASIL INDUSTRIA DE	AV MELVYN JONES, 402, MEUDON, TERESOPO)E □Add
		RJ, BRAZIL, POSTAL CODE 25954220	Remove
			Change
MGR	MOZART RIBEIRO RODRIGUES	ROD, TERESOPOLIS - ITAIPAVA, 3000, TERESO	p. _ ⊜Add
		RJ, BRAZIL, POSTAL CODE 25966-200	_ ≅Remove
			_ □Change
AMBR	MOZART DA SILVA RODRIGUI	ROD. TERESOPOLIS - ITAIPAVA, 3000, TERESO	P _ □Add
		RJ, BRAZIL, POSTAL CODE 25966-200	_ 🗆 Remove
			_ ≅ Change
			□Add
			ПКенкоче
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(]िका सी Note:	ive date, if other than the date of filing: O1/13/2022
t the recor ecord is ti	d 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 ed.
Dated	13th day of April 2022
17ateu	Ingut =
	Signature of a member or authorized representative of a member
	Manusca da Cilam Bostrianas
	Mozart da Silva Rodrigues Typed or printed name of signee

Filing Fee: \$25.00