

8/13/2018

From Account Bookkeeping 1.321.888.4914 Mon Aug 13 13:28:52 2018 EDT Page 1 of 5
Division of Corporations

L 16000182433

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

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

Email Address: _____

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MATURE INVESTMENTS LLC

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AUG 14 2018

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MATURE INVESTMENTS 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:

MARIANA SOUZA
Name of Person
ACCOUNT BOOKKEEPING CORP
Firm/Company
5301 CONROY RD STE 140
Address
ORLANDO, FL 32811
City/State and Zip Code
CUSTOMER@ABKCORP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIANA SOUZA
Name of Person
at (407) 898-1757
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MATURE INVESTMENTS 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 09/29/2016 and assigned
Florida document number L16000182423

This amendment is submitted to amend the following:

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

MEHA CAPITAL MANAGEMENT LLC

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:

990 Biscayne Blvd Ste 502

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33132

Enter new mailing address, if applicable:

990 Biscayne Blvd Ste 502

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33132

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:

NELSON LUIS DA SILVA NUNES

New Registered Office Address:

990 Biscayne Blvd Ste 502

Enter Florida street address

Miami

Florida

33132

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

418000 2361 013

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	Da Silva Nunes, Nelson Luis	990 Biscayne Blvd Ste 502	<input checked="" type="checkbox"/> Add
		Miami, FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Atlantis Holding Group Ltd	990 Biscayne Blvd Ste 502	<input checked="" type="checkbox"/> Add
		Miami, FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RENTES, RODRIGO LUIZ	150 SE 2ND AVE	<input type="checkbox"/> Add
		SUITE 505	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	<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

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 AUGUST 9, 2018

Signature of a member or authorized representative of a member

RODRIGO LUIZ RENTES

Typed or printed name of signee

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