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COVER LETTER

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TO: Registration Section Division of Corpor					
RODONAVES	, LLC				
SUBJECT:	 Na	ame of Limit	ed Liability Company		
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.		
Please return all corresponde	nce concerning th	his matter to	o the following:		
	CLEITON CARI	DOSO			
			Name of Person		
	DOMINIUM GO	NSULTIN	G SERVICES, LLC		
•	i		Firm/Company		
	6965 PIAZZA G	RANDE A	VE. SUITE 206		
			Address		
	ORLANDO - FL	. 32835			
			City/State and Zip Co	de	
i1	nfo@dominiumes		be used for future annu		
For further information conce				uui report notifica	lion)
LEONARDO FIGUEIREDO	,		407 at ()	374.2329	
Name of Per	son		Area Code	Daytime To	elephone Number
Enclosed is a check for the fo	llowing amount:				
■ \$25.00 Filing Fee E	3 \$30.00 Filing F		S55.00 Filing Fe Certified Copy tadditional copy is		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registration Division of P.O. Box 6.	Corporations	•	Regist Divisio Cliftor 2661 F	ET/COURIER ration Section on of Corporation Building Executive Cente assee, FL 32301	ons r Circle

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

RODONAVES, LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited I.	<mark>ny as it now appears on our re</mark> Jability Company)	ecords.)
The Articles of Organization for this Limited I. Florida document number L16000188518	Liability Company	were filed on 10/11/2009	and assigned
This amendment is submitted to amend the foll	 owing: 		
A. If amending name, enter the new name of	 of the limited liabi 	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			, ju
Enter new mailing address, if applicable:			$\frac{1}{100}$
(Mailing address MAY BE A POST OFFICE	 BON)		25
	<u> </u>		.2, ~~
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the new
Name of New Registered Agent:	DOMINIUM C	ONSULTING SERVICES, I	LC
New Registered Office Address:	6965 PIAZZA (GRANDE AVE, SUITE 206	
		Enter Florida street a	ddress
	ORLANDO		. Florida <u>32835</u>
		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

Page 1 of 3

DocuSign Envelope ID: BCEC4724-6AC6-4B44-A736-DC719B641066

If amending Authorized Person(s) au	thorized to manage.	enter the title, name, and	l address of each person	being added
or removed from our records:				

. MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
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				Change
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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 a Note: If the date inserted in this block does not meet the applicable		
document's effective date on the Department of State's records.		
If the record specifies a delayed effective date, but not a	an effective time, at 12:01 a.m. o	n the earli
(b) The 90th day after the record is filed.		
Dated JULY ,13 2017		
Dated	•	
João Braz Naves		
BA95AE60EDD3418 Signature of a member or authoriz	red representative of a member	··-
11		
JOAO BRAZ NAVES		

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Filing Fee: \$25.00