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FILED 2011 SEP 22 AM 11: 49 SEPSENSEE, FLORIDA

> K. SALY SEP 25 2017

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
LANDGRA	.F & ARAUJO LLC		
SUBJECT:	Nome of Lin	nited Liability Company	<u></u>
	Name of Lin	med Liabinty Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DAVILSON RODRIGUE	S	
		Name of Person	
	ADR ACCOUNTING SE	RVICES CORP.	
		Firm/Company	——————————————————————————————————————
	4699 N FEDERAL HWY	SUITE 109E	
	**** *********************************	Address	
	POMPANO BEACH, FL3	330645	
	TRADUTOR@DAVILSON	City/State and Zip Code V.COM	
	E-mail address; (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
DAVILSON RODRIGUE		954 338-4000	
		at ()	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 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)
Registra	NG ADDRESS: ation Section of Corporations	STREET/COURI Registration Section Division of Corpor	on
P.O. Bo		Clifton Building 2661 Executive Ce	

Tallahassee, FL 32301

2017 SEP 22 AM 11: 49
SLOWETARY OF STATE
ALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LANDGRAF & ARAUJO LEC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our recor orida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liabilit	y Company were filed on	and assigned
This amendment is submitted to amend the following	ŗ;	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ds, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:	D . D	
	Enter Florida street addre	PSS .
		lorida
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	RAQUEL SOFIA LANDGRAF	4699 N Federal Hwy Suite 109E	□ Add
		Pompano Beach, FL 33064	
		Tompano Deach, L. 2.3004	□ Remove
			☐ Change
			Add Add
			G Remove
			Change Change Change Change Add Change
			T S
			Addition 5
			☐ Remove
			Change
		 	Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			C.C.

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Filing Fee: \$25.00