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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : H & CO, LLP Account Number : I20150000089 Phone : (305)444-8800 Fax Number : (305)444-4010

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

Email Address: cayon@hcoadvisors.com

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T. LEMIEUX
JUL 13 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ILHABELA PARTICIPACOES L			
(Name of the Lim	ited Liability Comp (A Florida Limited	iny as It now appears on our recu Linbility Company)	भ्रतिरः)
The Articles of Organization for this Limited I Florida document number L16000222946	Liability Company	were filed on 12/08/2016	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name.	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2330 PONCE DE LEON BI	.VD.
		CORAL GABLES, FL, 33134	
Enter new mailing address, if applicable:		2330 PONCE DE LEON BI	.VD.
(Mailing address MAY BE A POST OFFICE BOX)		CORAL GABLES, FL. 331	34
			92
			022
B. If amending the registered agent and/or agent and/or the new registered office addr	* *	uddress on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:	WORLDWIDE	CORPORATE ADMINISTR	
New Registered Office Address:	2330 PONCE I	DE LEON BLVD.	- 3. - 3. - 1.A
		Enter Florida street ada	> •
	CORAL GABI	LES	Florida 33134
		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.

Changing Registered Agent, Signature of New Registered Agent

From: Mariana zillig * Fax: 13054448800

To:

Fax: (850) 617-6383

Page: 4 of 5 1 12 2000257 2425

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>	Address	Type of Action
AMBR	TOMITA, RICARDO	8471 MIRALAGO WAY	\ _Add
		PARKLAND, FL 33076	■Remove
			Change
AMBR	JORGE MELEM, PAOLA A	8471 MIRALAGO WAY	□Add
		PARKLAND, FL 33076	⊡ Remove
			□Change
AMBR	TOMITA, RICARDO	2330 PONCE DE LEON BLVD.	■Add
		CORAL GABLES, 33134	□Remove
			Change
AMBR	JORGE MELEM, PAOLA A	2330 PONCE DE LEON BLVD.	
		CORAL GABLES, 33134	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

	 			
				
				
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Effective date, if other than the date is listed, the date must be Note: If the date inserted in this bloe document's effective date on the Dep	k does not meet the applica	o date of filing or more than ble statutory filing requi	(optional) n 90 days after filing.) Pursuant to rements, this date will not be	605.0207 (I listed as th
e record specifies a delayed effective ord is filed.	date, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
Dated	. 2022	······································		