

**L17000025156**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

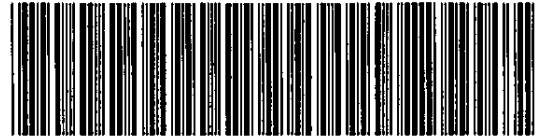
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2017 FEB -9 P 2:30  
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TALLAHASSEE, FLORIDA

**D. BRUCE**  
**FEB 10 2017**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ORIGINAL WEB GROUP 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:

GILVAM F DOS SANTOS

Name of Person

GFS TAX & ACCOUNTING SERVICES

Firm/Company

2005 W CYPRESS CREEK ROAD STE 100

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

GIL611@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILVAM F DOS SANTOS

at ( 954 ) 9408322  
Area Code Daytime Telephone Number

Name of Person

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Enclosed is a check for the 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)

**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

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

ORIGINAL WEB GROUP 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 01/31/2017 and assigned  
Florida document number L17000025156.

This amendment is submitted to amend the following:

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

LEAL EXPORT/IMPORT GROUP 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:**

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_  
*Enter Florida street address*  
\_\_\_\_\_, Florida  
*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**

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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>
AMBR	SHEILA P RODRIGUES	8562 NW 93 <sup>RD</sup> ST	<input checked="" type="checkbox"/> Add
		MEDLEY, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LEAL COMERCIO DE ELETRONICOS E INFORMATICA LTDA - ME	RUA CAROLINA MACHADO, 230 SL 301, CASCADURA	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		RIO DE JANEIRO, RS 21351-001	<input type="checkbox"/> Change
AMBR	ORIGINAL SUPLEMENTOS E VESTUARIO LTDA	R EVARISTO DA VEIGA 83 SALA 302	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		RIO DE JANEIRO, RJ 20031-0408R	<input type="checkbox"/> Change
AMBR	MARCIO ROBERTO P RODRIGUES	8562 NW 93 <sup>RD</sup> ST	<input type="checkbox"/> Add
		MEDLEY, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CELI D CAMARATE	8562 NW 93 <sup>RD</sup> ST	<input type="checkbox"/> Add
		MEDLEY, FL 33166	<input checked="" 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.)

CHANGE ARTICLE III OF THE ARTICLE OF ORGANIZATION TO SAY THE FOLLOWING:

ANY AND ALL LAWFUL BUSINESS -

OWNERSHIP: 70% LEAL COMERCIO DE ELECTRONICOS E INFORMATICA LTDA - ME

30% SHEILA L RODRIGUES

Multiple horizontal lines for additional amendments.

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 (a) The 90th day after the record is filed.

Dated FEBRUARY 03 2017

Signature of Marcio Roberto P. Rodrigues

MARCIO ROBERTO P RODRIGUES

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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