L17000027628

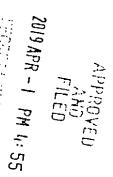
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO:

Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Co					
SUBJECT:	AU AMERICA LLC		<u></u>		
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	PAULO ANDRADE KHO	DURI			
	<u></u>	Name of Person			
				2019 APR - 1 SECRETARINE LAI LAILERGE	
		Firm/Company		#P #P #	•••
	6850 HOFFNER AVE				FILED
		Address		PH 5	
	ORLANDO				
	F1, 32822	City/State and Zip Code		jm o i	
	E-mail address: (to be used for future annual report notif	ication)		
For further information of	concerning this matter, please ca	all:			
PAULO KHOURI		321 4365110 at ()			
Name	of Person		: Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Scentified Copy Certificate of Certified Copy (additional copy is enclosed)		of Status & Copy	
	ING ADDRESS: ration Section	STREET/COURI Registration Section			

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORUMBAU AMERICA LLC			
(Name of the Limi	ted Liability Con (A Florida Limit	npany as it now appears on our recor ed Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited L Florida document number <u>L17000027628</u>	iability Compa	ny were filed on 03/29/2019	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited li	ability company here:	
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LL	C" or the abbreviation b L.C."
Enter new principal offices address, if appli	cable:	SAME	#RR AP#
(Principal office address MUST BE A STREET ADDRESS)			
		•	700 E
Enter new mailing address, if applicable:		SAME	:- : 55 :- : 57
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			ds, enter the name of the new
Name of New Registered Agent:	SAME		
New Registered Office Address:			
		Enter Florida street addr	255
		F	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, 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>	Type of Action
MGR	EDUARDO MARCIANO	15308 HONEYBELL DR WINTER GARDEN FL 34787	
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ective date, if other than to a feetive date is listed, the date is	must be specific and cannot l	be prior to date of filing	g or more than 90 days after	tional) er filing.) Pursuant to 6	05.020
te: If the date inserted in this cument's effective date on the			filing requirements, th	is date will not be li	isted a
record specifies a delay The 90th day after the r		out not an effecti	ive time, at 12:01	a.m. on the ear	iler o
MARCH 29TH	2019	المعتديد والمستران			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00