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Division of Corporations

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From:

Account Name : CORP USA Account Number: 072450003255

Phone

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Fax Number

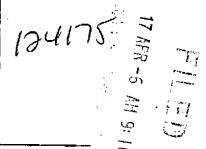
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

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APR 0 7 2017

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION



JULIARI 9989 LLC	•			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) lability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 03/31/2017	and assigned		
Florida document number L17000073512				
This amendment is submitted to amend the following:				
A. If smending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		and the second		
(Principal office address MUST BE A STREET ADDRESS)		, 2		
		<u> </u>		
		10		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<i></i>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Mce address on our records, e	nter the name of the new		
Name of New Registered Agent:	<u> </u>			
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	ee to act in this capacity. I furthe	r agree to comply with the		

If Changing Registered Agent, Signature of New Registered Agent

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

ŗ,

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name		Address	Type of Action
MGRM	BOAVISTA SERVICES CORP	_	11359 NW 68TH ST	Add
			MIAMI, FL. 33178	□ Remove
				Change
<del></del>		-		□ Add
		療		Remove
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document's effective date on the Department  If the record specifies a delayed effect	ific and councibe prior to date of filing or more than 90 days after filing.) s not meet the applicable statutory filing requirements, this date on the of State's records.  The date, but not an effective time, at 12:01 a.m. of the date, but not an effective time.			b)
(b) The 90th day after the record is f	îled.			
Dated APRIL 6TH  Little Full of the Signature  Signature	2017  2017  c of a member of authorized representative of a member			
ANTONIO LIMA DE PINHO				
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