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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : 120160000067

: (407)370-3686

Phone Fax Number

: (407)370-3120

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

PRIVATE @ LARSON ACC. COM

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K. SALY

COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
CHAID	SUEIT API			
SORME	CT:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please n	eturn all correspo	ndence concerning this matter	to the following:	
		CAROLINE LARSON		
			Name of Person	
		LARSON ACCOUNTING	& CONSULTING SERVICES L	rc
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		7901 KINGSPOINTE PAR	RKWAY STE 17	
			Address	
		ORLANDO, FL 32819		
		DRIVATEON A DOON A OO	City/State and Zip Code	
		PRIVATE@LARSONACC	o be used for future annual report not	itication)
For furt	her information co	oncerning this matter, please ca	all:	
CAROI	LINE LARSON		407 370 3686	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne 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)

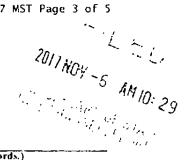
MAILING ADDRESS: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

From Larson Accounting 1.321.888.4919 Mon Nov 6 10:33:14 2017 MST Page 3 of 5

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



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(Name of the Limited Liability Company as it now appears on our records.)

(A Floric	da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L17000076181		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		s, enter the name of the ne
	L5	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	13
	, F I	lorida
	City	Zip Code
New Registered Agent's Signature, If changing Register		
I hereby accept the appointment as registered agent	t and agree to act in this capacity. I fu	irther agree to comply with th

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
AMBR	Leandro Bahiense Fernandes	Est do Rio Grande 1240 bi29cs103	
		Río de Janeiro RJ 22720-011 BR	≅ Remove
			Change
			🗅 Add
			□ Remove
			O Change
			Remove
			Remove
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an effective date is listed, the date mulote: If the date inserted in this b	ist be specific and cannot be lock does not meet the	e prior to date of filing or applicable statutory fil	more than 90 days after ing requirements, this	filing.) Pursuant to 605.020 s date will not be listed a
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e record specifies a delaye	d effective date, b	ut not an effective	time. at 12:01 a	a.m. on the earlier o
The 90th day after the re	cord is filed.		•	
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eated) تت	
	Signature of a member of	ar authorised promeenisti	ve of a member	
	Signature dist member (a acamina ichiescumi	re or a member	
AMBR	_			

Page 3 of 3

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