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DIVISION OF CORE GRAPHORS

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COVER LETTER

SUBJECT:	BRAZILIAN	STONES 2013, C	16c.
	Name of Limited	d Liability Company	
The enclosed Articles of An	nendment and fee(s) are submi	tted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
		BRASIL DE 117,	ACEDO
	BRAZILIAN	STONES 2013 LLC	,
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	3000 15 land 6	LVD SLITE 2406 Address	·- <u>-</u>
	Mismi, Floxid	City/State and Zip Code	
	HACT TURA 2013 E-mail address: (to b	NEW A GMOIL . Co	0n)
For further information con-	cerning this matter, please call:		
TONE BRAS	V DEMOCEDO erson	at (286) 663 - 7 Area Code Daytime Tel	2502 ephone Number
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

TO:

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

(A Florida Limited L	hability Company)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{\sqrt{6/02/30/7}}{60000000000000000000000000000000000$
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation (L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3000 Island Blvs Suite 2006 MIANI, Fl 33160
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAMP AS AGOVE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
	BRASIL DE MOCEDO
New Registered Office Address: 3000 16	Enter Florida street address
MIAA	71 Florida <u>331 & O</u> 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
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If an effection Note: I	ive date, if other than the date of filin ective date is listed, the date must be specific and If the date inserted in this block does not rent's effective date on the Department of S	d cannot be prior to dat meet the applicable s	e of filing or more than 9		
ne reco	cord specifies a delayed effective of 90th day after the record is filed.				the earlier of
		2017			
	July 16 Signature of a				

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Filing Fee: \$25.00