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2018 JAN -2 FK12: 23

J. HARRIS

Registration Section

TO:

COVER LETTER

Division of Co	rporations		
INDUPAD	DY, LLC		
SUBJECT:		<u></u>	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CLEITON CARDOSO		
		Name of Person	
	DOMINIUM CONSULTIN	G SERVICES, LLC	
		Firm/Company	
	6965 PIAZZA GARNDE	AVE, SUITE 206	
		Address	
	ORLANDO - FL - 328	335	
	info@dominiumcs.com	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
LEONARDO FIGUEIREDO		407 374.2329	
Name of Person		at () Area Code Daytime	Telephone 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 P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

DocuSign Envelope ID: 841167BA-0486-4DB1-9196-B26A0DE25840 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appear limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Co Florida document number				and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company he	ere:		
The new name must be distinguishable and contain the words "Limit	ed Liability Company." the d	esignation "LLC" or	the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>		.
(Principal office address MUST BE A STREET ADDRI	<u> </u>		٠.	<u> </u>
			•	
	~			1 11
Enter new mailing address, if applicable:	***			
Mailing address MAY BE A POST OFFICE BOX)				- [] - []
			+	(I)
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		our records, e	nter the	name of the
New Registered Office Address:	Enter Flor	rida street address		
		Florid	-1	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

CocuSign Envelope ID: 841167BA-0486-4DB1-9196-B26A0DE25840 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>Name</u>	<u>Address</u>	Type of Action
Haidy Astrid Plata Martinez	Carrera 56b # 127C-20	
	Coco	
	Casa 5	-
	Pageta Colombia	□ Remove
	Bogota - Colombia	□ Change
	****	Add
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		Haidy Astrid Plata

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		n the date of filin		(ор	ntional)	
E. Effective	date, if other tha		g:			
(If an effect <u>Note:</u> If	ive date is listed, the da the date inserted in t	ite must be specific and his block does not i	d cannot be prior to date of tilir meet the applicable statutor	ng or more than 90 days at y filing requirements, t	fter filing.) Pursuant to his date will not be	605.020 listed as
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