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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN -RAPHAELLI & GONCALVES INVESTMENTS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF RAPHAELLI & GONCALVES INVESTMENTS LLC

The Articles of Organization for this Florida Limited Liability Company were filed on <u>06/20/2017</u> and assigned Florida document number: L17000134138

Article 1		
A. If amending name, eater the new name of the limited liability compa	any here:	
	······································	
The new name must be distinguishable and contain the words "Limited I designation "LLC" or the abbreviation "L.L.C."	Liability Company,"	ths
Article II		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Ç;	
		Sca6
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		03 numbers
		3
Article IV		6: 56
B. If amending the registered agent and/or registered office address on name of the new registered agent and/or the new registered office add	our records, enter dress bere:	
Name of New Registered Agent:		
New Registered Office Address:		
New Rogistered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity.	I first hange on the	mal.
with the provisions of all statutes relative to the proper and complete performance of	i jui uier agree (o con 'my duties and Lam fi	npry nmiliar

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

Title	Name	Address	Type of Action
AMBR	GONCALVES RAPHAELLI, LEONARDO	Rua Santos, 786 apt 41 ste 9	REMOVE
		LONDRINA, PARANA 86020-041 BR	ADD 🛄
AMBR	GONÇALVES RAPHAELLI, EDUARDO	RUA SANTOS, 786 APT 41 STE 9	REMOVE
		LONORINA, PARANA 86020-041 BR	ADD 🔲
C. If amend	ding any other information, enter cl	nange(s) here: (Attach additional shee	is, if necessary.)

## D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: november 20, 2023

RAPHA CORPORATION AMBR

(By Authorized Representative)