(Re	questor's Name)	
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COVER LETTER

TO:	Registration Division of C	n Section Corporations					
cub ica		CANATTO LLC					
SUBJE	UI:	Name of Limi	ited Liability Company				
The encl	losed Articles	of Amendment and fee(s) are sub-	mitted for filing.				
Please re	eturn all corre	espondence concerning this matter	to the following:				
		FABIANA DE BARROS					
			Name of Person				
		LEGIT CONSULTING SI	ERVICES LLC				
			Firm/Company				
		6200 METROWEST BLV	/D 201-D				
Address							
		ORLANDO-FL 32835					
		•	City/State and Zip Code				
		INFO@LEGITCS.COM					
		E-mail address: ()	to be used for future annual report noti	fication)			
For furth	ner informatio	on concerning this matter, please ea	all:				
FABIANA DE BARROS			407 2852290 at ()				
	Nan	ne of Person	Area Code Daytim	e Telephone Number			
Enclosed	d is a check fo	or 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:

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

FLAVIO CANATTO LLC					
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	our records.)		
The Articles of Organization for this Limited L Florida document number L17000138254	y were filed on 06/26/2				
This amendment is submitted to amend the foll-	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company here:			
N/A					
The new name must be distinguishable and contain the w	vords "Limited Liabi	ility Company," the designa	ition "LLC" or the abbre	viation "L.L.	
Enter new principal offices address, if applic	N/A			NG	
(Principal office address MUST BE A STREET ADDRESS)				AUG.	SECRE
Enter new mailing address, if applicable:		N/A		-3 AM 7	FILED JARY OF S CORPOR
(Mailing address MAY BE A POST OFFICE BOX)				67:	- S
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	ffice address her		·	e name of	the nev
Name of New Registered Agent.					
New Registered Office Address:	6200 METRO	OWEST BLVD 201-D Enter Florida ste	rost addraw	·· -	
	ORLANDO	Enter Plortag su	, Florida ³²⁸³⁵	5	
		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

Page 1 of 3

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>	Address	Type of Action
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			□ Remove
			☐ Change
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ffective date, if other than the an effective date is listed, the date musi ote: If the date inserted in this blocument's effective date on the Do	be specific a ock does no	and cannot be pri of meet the appl	icable statui	iling or more the ory filing rec	(optionan 90 days after puirements, this	filing) Pursuant	to 605.02 be listed a
e record specifies a delayed The 90th day after the reco	effective ord is file	e date, but r d.	not an effe	ective time	, at 12:01 a	i.m. on the	earlier -
JULY 30TH		2018					
- Amelius							
flavio chaves (Jul 30, 2018)		a member or au	 				

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Filing Fee: \$25.00