Division of Corporations 8/4/202 parting nt of

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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

Email Addr	s:
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	····
The Articles of Organization for this Limited Liability Company were fil			and assigned
Florida document number L17000196646	 -		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company	<u>here</u> :	
			2021 2021
The new name must be distinguishable and contain the v	words "Limited Liability Company," the	e designation "LLC" or the a	bbreylation "LLC" TI
Enter new principal offices address, if applic	rable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			- 1975 - 투
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>		
		r records, <u>enter the nar</u>	ne of the new registered
agent and/or the new registered office addre	ss here.		
Name of New Registered Agent:	CT Corporation System		
New Registered Office Address:	1200 S Pine Island Rd #250		
B. If amending the registered agent and/oagent and/or the new registered office adonname of New Registered Agent: New Registered Office Address:	Emer F	lorida street address	
	Plantation	Florida <u>3</u>	3324
	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 Begistered 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:

From, Ranae McGraw

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Mark Wilf	655 W. Church Street	■Add
		Orlando, FL 32805	
		<u> </u>	□ Change
MGR	Alexandre Leitao	655 W. Church Street	□Add
		Orlando, FL 32805	Remove
			□Change
MGR	Flavio Augusto da Silva	655 W. Church Street	□ Add
		Orlando, FL 32805	=Remove
			Change
			🖸 Add
			Пелюvе
			□Change
			□ Add
			□Remove
			□ Change
		_	□Add
			□ Chance

Manager				
			<u></u>	
This Limited Liability Compan	y shall have one (1) manager. The n	umber of managers may be either	increased	
or decreased from time to time	in accordance with the Operating Ag	reement, but shall never be less th	an one (1).	
The name and address of the m	anager of this Limited Liability Com	pany is as follows:		
Mark Wilf				
655 W. Church Street			75.5 2	
Orlando, FL 32805		3		. •
	,		G G	
			P	
			<u> </u>	,
			<u> </u>	
				
Effective date, if other than the dif an effective date is listed, the date must be something. If the date inserted in this blood document's effective date on the Dep	ne specific and cannot be prior to date of f ack does not meet the applicable statut	(optional) iling or more than 90 days after filing.) ory filing requirements, this date	Pursuant to 605 will not be liste	-020 ed a
record specifies a delayed effective d is filed.	date, but not an effective time, at 12	fill a monor the earlier of (h). The	90th day after	r the
is roca.				
August 4	2021			