



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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| To: | | | ~~ 2 |
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| | Division of Co | rporations | |
| | | : (850)617-6383 | |
| From: | | | •• |
| | Account Name | : TAXLEAF.COM INC | |
| | Account Number | 120140000084 | |
| | Phone | : (305)541-3980 | |
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| annual re | | his business entity to be use nter only one email address pl | |

IMEAT GROUP LLC

Certificate of Status 0 Certified Copy 0 Page Count 03 \$25.00 Estimated Charge

JUL 1 1 2018

Electronic Filing Menu-

Corporate Filing Menu

Help

To: SUNBIZILLC Page 3 of 5

2018-07-10 17:46:29 (GMT)

H18000200477 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| IMEAT GROUP LLC | |
|---|---|
| (Name of the Limited Liability Con (A Florida Limite | ipany as It now appears on our records.) ed Liability Company) |
| The Articles of Organization for this Limited Liability Compa Florida document number <u>L17000200922</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited li | ability company here: |
| | • • OO |
| The new name must be distinguishable and end with the words "Limited L | |
| Enter new principal offices address, if applicable: | , |
| • • | |
| (Principal office address MUST BE A STREET ADDRESS) | - 43. |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | office address on our records, enter the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | City ZipCode |
| New Registered Agent's Signature, if changing Registered Age | <u>nt:</u> |

I hereby accept the appointment as registered agent and agree to oct 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

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If amending the Managers or Authorized Member on our records, enter the fifte, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | Name | <u>Address</u> | Type of Action |
|--------------|------------------------------|-----------------------------|-------------------|
| MGR | ANTONIO JOAO RIBEIRO PRESTES | 3111 N UNIVERSITY DR STE 10 | 5 ⊟ Add |
| | | CORAL SPRINGS, FL 3306 | 5 D Remove |
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| Ð. | If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | | | | |
|----|--|--|--|--|--|--|
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| | | | | | | |
| | Effective date, if other than the date of filing: | | | | | |
| | Dated JULY, 5TH 2018 Cilberto Feigle de Souza Jr. CHF10051793 450-54 | | | | | |
| | Signature of a member or authorized representative of a member | | | | | |
| | GILBERTO FELIPE DE SOUZÁ JUNIOR | | | | | |
| | Typed or printed dame of signee | | | | | |

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