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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC

Account Number : I20210000039 Phone : (407)374-2329 Fax Number : (407)412-5926

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DC MELO, LLC

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## **COVER LETTER**

| то:       |         | stration Se<br>sion of Cor                   |   |   | •   |  |
|-----------|---------|--|---|---|---|--|
| erm ile   |         | DC MELO LLC                                  |   |   |   |  |
| SUBJEC    | CI;     | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | Name of Limi  | ted Liability Company   | , , , , , , , , , , , , , , , , , , ,   |  |
| The encl  | losed   | Articles of                                  | Amendment and fee(s) are sub-                                   | nitted for filing.  |   |  |
| Please re | eturn   | all correspo                                 | ndence concerning this matter                                   | to the following:   |   |  |
|           |         |  | CLEITON CARDOSO   |   |   |  |
|           |         |  |   | Name of Person  |   |  |
|           |         |  | DOMINIUM CONSULTE   | NG SERVICES   |   |  |
|           |         |  |   | Firm/Company  | <del></del>   |  |
|           |         |  | 6965 PIAZZA GRANDE /  | AVE - SUITE 206   |   |  |
|           |         |  |   | Address   |   |  |
|           |         |  | ORLANDO FLORIDA 32  | 835   |   |  |
|           |         |  |   | City/State and Zip Code   |   |  |
|           |         |  | INFO@DOMINIUMCS.CO  | OM<br>to be used for future annual report it                              | oldication)   |  |
| For furtl | her in  | formation c                                  | oncerning this matter, please co                                |   |   |  |
|           |         | 407 374-2329<br>at ( )                       |   |   |   |  |
|           |         | Name o                                       | ť Person  |   | ime Telephone Number  |  |
| Enclose   | d is a  | check for th                                 | ne following amount:  |   |   |  |
| \$25.     | i.00 Fi | ling Fee                                     | ☐ \$30.00 Filing Fee &<br>Certificate of Status                 | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
|           |         | Registr<br>Divisio                           | ING ADDRESS:<br>ration Section<br>on of Corporations<br>ox 6327 | STREET/COU<br>Registration Sec<br>Division of Cor<br>Clifton Building     | porations   |  |

Tallahassee, Fl. 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DC MELO LLC  |   |                           |           |             |
|--|---|---------------------------|-----------|-------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited  | pany as it now appears on our<br>Liability Company) | records.)                 |           |             |
| The Articles of Organization for this Limited Liability Compan Florida document number <u>L17000227544</u>                                       | y were filed on 11/02/201                           | 7                         | and ass   | igned       |
| This amendment is submitted to amend the following:  |   |                           |           |             |
| A. If amending name, enter the new name of the limited lia   | bility company here:                                |                           |           |             |
| The new name must be distinguishable and contain the words "Limited Liab   | orlity Company," the designation                    | on "LLC" or the abbrevio  | ation "L. | L.C."       |
| Enter new principal offices address, if applicable:  |   |                           | _2        |             |
| (Principal office address MUST BE A STREET ADDRESS)  |   |                           | 22        |             |
|  | . <del></del>                                       | <u> </u>                  |           | <u>:</u>    |
|  |   |                           | 5         | 声头          |
| Enter new mailing address, if applicable:  |   |                           | _0        | <u> 505</u> |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                           | 2         |             |
|  |   |                           | 3         |             |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: |   | records, <u>enter the</u> | name      | of the ne   |
| Anno or year regimeron rigen.  |   |                           | •         |             |
| New Registered Office Address:   | Enter Florida street address                        |                           |           |             |
|  | , Florida   |                           |           |             |
|  | City  | Z                         | ip Code   |             |
| New Registered Agent's Signature, if changing Registered Agen  | <u>t:</u>   |                           |           |             |
| I hereby accept the appointment as registered agent and ag<br>provisions of all statutes relative to the proper and complete                     |   |                           |           |             |

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being ac or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>        | Address                         | Type of Action |
|--------------|--------------------|---------------------------------|----------------|
| AMBR         | BRUNO GRANJA PORTO | Av Jandira 731, Apto 133, Moema | ■ Add          |
|              |                    | São Paulo, SP, Brazil 04080004  | ☐ Remove       |
|              |                    |                                 | ☐ Change       |
|              |                    |                                 | Add            |
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| (If an effective date is listed, the date m                | ast be specific and cannot be prior to date block does not meet the applicable st | (optional) of filing or more than 90 days after filing.) Filing requirements, this date w | Pursuant to 605.0207 (3)<br>ill not be listed as the |
| the record specifies a delayed). The 90th day after the re |   | effective time, at 12:01 a.m. or  | n the earlier of:                                    |
| Dated  | 2022  |   |  |
| D-4977   | 2022  ELLA CASE ME  Signature of a member or authorized of                        | C   |  |
| <u></u>  | Signature of a member or authorized (   | representative of a member  |  |
| DANIELLA CASE M  | ELO   |   |  |
|  | Typed or printed nam  | e of signee   | <del></del>  |

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