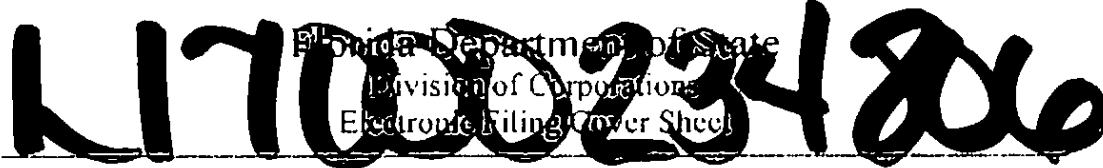


10/10/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEADER ASSOCIATES LLC
Account Number : 120180000056
Phone : (954)998-3963
Fax Number : (954)697-0359

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EA4 CAPITAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

HOLCLASS

OCT 14 2019

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT:** EA4 CAPITAL LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ABEL FIOROT LOUREIRO

Name of Person

EA4 CAPITAL LLC

Firm/Company

7371 PANACHE WAY

Address

BOCA RATON, FL 33433

City/State and Zip Code

abel@abelfirot.com.br

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ABEL FIOROT LOUREIRO**203****360-8690**

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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: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

2019 OCT 11 PM 3:43

FILED

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(((H19000302434 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF****EA4 CAPITAL LLC**(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/13/2017 and assigned
Florida document number L17000234806

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

FIOROT LOUREIRO, ABEL

New Registered Office Address:

7371 PANACHE WAYEnter Florida street addressBOCA RATONFlorida33433CityZip 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

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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	FIOROT LOUREIRO, ABEL	7371 PANACHE WAY	☐ Add
		BOCA RATON, FL 33433	☐ Remove
			☐ Change
AMBR	BORGIO, EDSON JOSE	RUA FELIPINAS, 385	☐ Add
		JARDIM CARAIPE TEIXEIRA FREI, BA	☐ Remove
			☐ Change
AMBR	VIGUINI NEPOMUCENO LOUREIRO, ROBERTA	7371 PANACHE WAY	☐ Add
		BOCA RATON, FL 33433	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

2019 OCT 11 PM 3:43

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 10th, 2019.

Signature of a member or authorized representative of a member

ABEL FIOROT LOUREIRO

Typed or printed name of signer

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Filing Fee: \$25.00

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