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(((H18000164538 3)))



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Division of Corporations

Fax Number : (850)617-6393

From:

Account Name : TAXLEAF.COM INC Account Number : 120140000084 Phone : (305)541-3980 Fax Number : (888)772-8108

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

Email Address:

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## LLC AMND/RESTATE/CORRECT/OR M/MG RESIGN

NEGOTIA AMERICALLADE

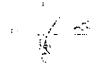
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## **FAX COVER SHEET**

TO	SUNBIZELC
COMPANY	FL DEPT OF STATE - DIVISION OF CORPORATIONS
FAX NUMBER	18506176383
FROM	MikeNatarus
DATE	2018-05-30 18:03:04 GMT信:
RE	NEGOTIA AMERICALLC - AMENDMENT

## COVER MESSAGE

NEGOTIA AMERICALLO - AMENDMENT

DocuSign Envelope ID: 1EE5B449-2987-4A9D-B127-91A698892B4B

## H 180001645 P B ARTICLES OF AMEDOMENT TO ARTICLES OF ORGADIZATION OF

NEGOTIA AMERICA, LLC		<u></u>
(Name of the Limited Linbility Company (A Florida Limited Lia	as it now appears on our re bility Company)	cords.)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L17000241671</u>	ere filed on 11/22/201	7 and assigned
This amendment is submitted to amend the following:		_
A. If amending name, enter the new name of the limited liabili	ty company here:	元(1 <b>.6</b> ) 元(1.5)
The new name must be distinguishable and end with the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "ELC."
Enter new principal offices address, if applicable:	<u></u>	33 19
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3.12	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our rec	ords, <u>enter the name of the ne</u>
	÷.	
Name of New Registered Agent:	······································	
New Registered Office Address:		
	Enter Florida street a	ures
	City	, Florida
	City	

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 similar 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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MGR = Manager

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If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:</u>

AMBR = A	uthorized Member		
Title	Name	Address	Type of Action
AMBR	FRARE PRIMO, IRINEU	4181 NW 1ST AVE STE 152	27 ■ Add
		BOCA RATON, FL 3343	31 □ Remove
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If amending any other information, enter cha	inge(s) here: (At	tach additional s	heets, if necessary.)
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Effective date, if other than the date of filing:			(optional)
(The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed du	te and cannot he mexi	than 90 days atter
Dated MAY, 24TH			
	I river 2.	Face	
Signature of a m		Representative of a n	iember
IRINEU RODRIGUES			
IITINEO KODIKIGOLO			

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