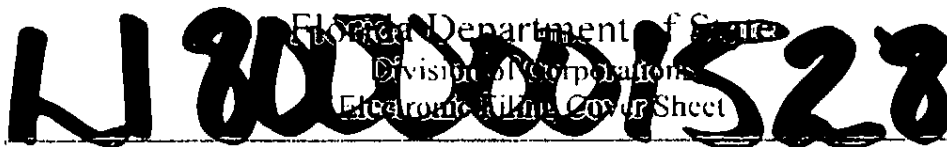


5/10/2019

Division of Corporations



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

((H19000155044 3)))



H190001550443ABC1

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 : 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 future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAMIS INVESTIMENTOS LLC**

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

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Corporate Filing Menu

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T GLASS

MAY 13 2019

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ARTICLES OF AMENDMENT
 TO
ARTICLES OF ORGANIZATION
 OF

CAMIS INVENTIVOS 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 01/02/2018 and assigned
 Florida document number L18000001528

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LOPES DO PRADO, CAMILA	3111 N UNIVERSITY DR STE 105	☐ Add
		CORAL SPRINGS, FL 33065	☒ Remove
			☐ Change
MGR	MOURA REIS, ISABELLE CRISTINA	3111 N UNIVERSITY DR STE 105	☒ Add
		CORAL SPRINGS, FL 33065	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2019 MAY 10 PM 12:20
FILED
RECEIVED
SUNBIZ LLC
1411 S. UNIVERSITY DR
CORAL SPRINGS, FL 33065

APPROVED
AND
FILED

H19000155044 3

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

APPROVED
AND
FILED

2019 MAY 10 PM 12:20
 4000 15000
 2019 MAY 10 PM 12:20

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

(4) 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. (optional)

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

Dated MAY 6 18 2019

Signature of a member or authorized representative of a member

MARCIEL ALGUSTO PASCHOALIN SILVA

Typed or printed name of signer