118000025933

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DIVISION OF CORPORATIONS

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COVÉR LETTER

	istration Se ision of Cor			
SUBJECT:	SALLUTE	LLC		
Sebucer.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JOAO PEDRO VOLZ		
		 	Name of Person	
		VD&T INTERNATIONA	L	
			Firm/Company	
		150 SE 2ND AVE SUITE	905	
			Address	
		MIAMI, FL 33131		
			City/State and Zip Code	
		management@vdtinternatio		
		E-mail address: (to be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please co	all:	
JOAO PEDR	RO VOLZ		305 8781516	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fil		\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclose

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALLUTE LLC			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number L18000025933	ere filed on 01/29/2018	_ and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrev	iation "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 ad registered agent and/or the new registered office address here:	ddress on our records, enter the name	of the new	<u>'</u>
Name of New Registered Agent:			<u>~</u>
New Registered Office Address:			¥25
	Enter Florida street address	FE S	ORE C
	, Florida	N)	유 <u>로</u> 프
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code	ED ORFOR
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per	erformance of my duties, and I am fam	iliar w ul a	ar es
accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.			

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>	Name	Address	Type of Action
CEO	NOGUEIRA LOPES, RARINE	150 SE 2ND AVE	
		MIAMI, FL 33131	■ Remove
			□ Change
coo	GOMES D. DIAS JUNIOR, EDIO ROGERIO	150 SE 2ND AVE SUITE 906	□ Add
		MIAMI, FL 33131	■ Remove
			Change
	- <u> </u>		
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Remositives of secretary of control of secretary of control of secretary of control of secretary
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			Remov
			□ Change

_	ading any other information, enter change(s) here: (Attach additional sheets, ifnecessary.)	_
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n effe ote: It ocume	ctive 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 60 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	ted
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 0th day after the record is filed.	ner
_	21ST FEBRUARY 2018	
ted [*]		
ted _		
ted _	Signature of a member or authorized representative of a member	
ted <u>_</u>		
ited _	JOAO PEDRO VOLZ	91
ated _		DIVISION

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Filing Fee: \$25.00