

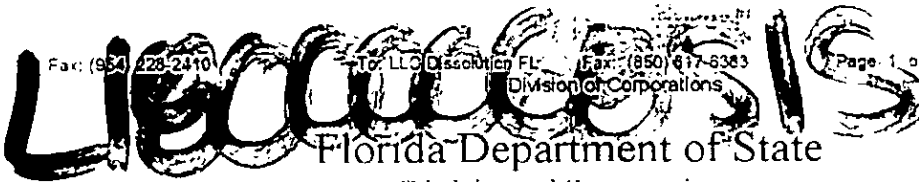
From: Cleber Dutra  
4/2/2018

Fax: (954) 228-2410

To: LLC Dissolution FL

Fax: (850) 617-6383

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# Florida Department of State

## Division of Corporations Electronic Filing Cover Sheet

**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.

((H18000103401 3)))



H180001034013ABCS

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To:

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

From:

Account Name : VIP ACCOUNTING & BUSINESS CONSULTING LLC  
Account Number : I20100000072  
Phone : (954)228-2410  
Fax Number : (954)228-2411

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

Email Address: President@Sifer.Us

RECEIVED

2018 APR -2 AM 11:26

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRIXWELL ASSET MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H18000103401 3)))

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.  
**BRIXWELL ASSET MANAGEMENT, LLC**

**FIRST:** The name of the limited liability company is: \_\_\_\_\_

**SECOND:** The Florida Document number of the limited liability company is: L18000068515  
**ARTICLES OF ORGANIZATION ARTICLE IV**

**THIRD:** Document to be corrected is: \_\_\_\_\_

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The correct name of first manager is: **MAGMA CAPITAL AND INVESTMENTS LLC,**  
instead of Renato Bevilacqua. All other data are correct

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☐ The electronic transmission of the record was defective.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

04/02/2018

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

\_\_\_\_\_  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$70.00 (optional)