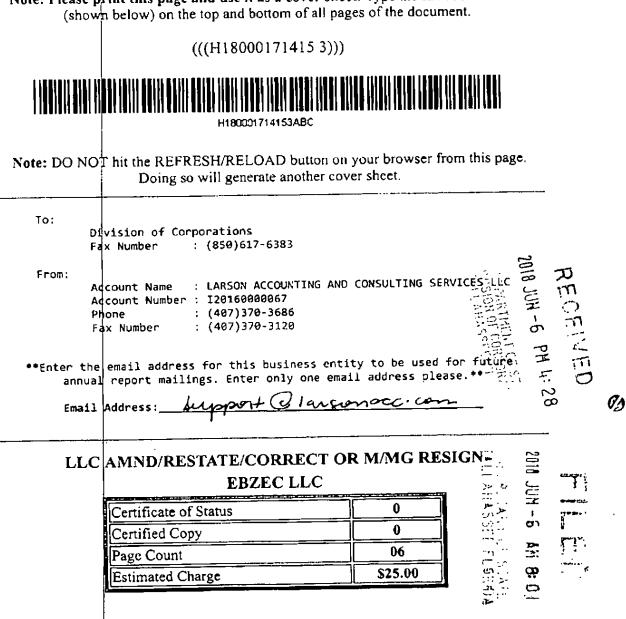
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



Electronic Filing Menu

Corporate Filing Menu

J. HARRIS

COVER LETTER

то:	Registration Sect Division of Corp.						
SUBJE	EBZEC LLC	:					
30000	UI	Name	Name of Limited Liability Company				
		\	are submitted for filing.				
Please re	etum ali correspon	dence concerning this	matter to the following:				
		CAROLINE G LA	RSON				
Name of Person							
		LARSON ACCOU	INTING & CONSULTII	NG SERVICES LL	.c		
Firm/Company							
7901 KINGSPOINTE PKWY STE 17							
			Address	5			
		ORLANDO, FL 32	2819				
			City/State and 2	Lip Code			
		support@larsonacc.	com ddress: (to be used for futu	re annual report noti	(ication)		
For furt	her information co	ncerning this matter, p			,		
CAROLINE G LARSON			407	3703686			
	Name of	Person	at (Area C		e Telephone Number		
Enclose	d is a check for the	e following amount:		•			
S \$25	.00 Filing Fee	S30,00 Filing Fer Certificate of S	tatus Certified		☐ \$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				

From Larson Accounting 1.321.888.4919 Wed Jun 6 14:14:11 2018 MDT Page 5 of 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EBZEC LLC						
	(Name of the Limited	Liability Compar Florida Limited L	ny as it now appears on our records.) iability Company)	<u> </u>	_	
The Articles of Organization Florida document number Ll	for this Limited Liab	•		and	assigned	
		dan.				
This amendment is submitted	to amend the follow	ving:				
A. If amending name, enter	the new name of t	<u>he limited liabi</u>	llity company here:	F	9 11	
N/A						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The new name must be distinguish:	ble and contain the wor	ds "Limited Liabil	ity Company." the designation "LLC" or the		Technology Company	<u>-</u>
Enter new principal offices	address, if applicat	ole:	7901 KINGSPOINTE PKWY STE I	7 🗲 🛬	1 1	-
(Principal office address MU	ST BE A STREET	ADDRESS)	ORLANDO, FL 32819	——————————————————————————————————————	17 ⁴⁷	
						<u>-:</u>
Enter new mailing address,	f annicable		7901 KINGSPOINTE PKWY STE I	7	0 i	
(Mailing address MAY BE A	1	oχ	ORLANDO, FL 32819			_
registered agent and/or the	new registered offi	ce address here	ffice address on our records, <u>ent</u> <u>e</u> :		-	
Name of New Regi	stered Agent:	<u> </u>		<u>_</u>		
New Registered Of	fice Address:					_
	Enter Florida street address					
			, Florida	Zip C	oda	_
	1		City	<i>Σφ</i> C	uuz.	
New Registered Agent's Sign						
provisions of all statutes re accept the obligations of m	elative to the proper y position as regist t a change in the re	r and complete tered agent as p egistered office	ee to act in this capacity. I further performance of my duties, and I a provided for in Chapter 605, F.S. (address, I hereby confirm that the	ım familiar Or, if this d	· with and document i	
		If Cha	nging Registered Agent. <u>Signature of New</u>	Registered	Agent	

Page 1 of 3

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
AMBR	FULINI PAIXAO, RODRIGO	5016 MILLENIA PALMS DR APT	
		ORLANDO, FL 32839	■ Remove
			☐ Change
AMBR	Gustavo Henrique Romera	7901 Kingspointe Pkwy Ste 17	₩ Add
		ORLANDO, Fl. 32819	Remove
			☐ Change
			Remove
			Change
			Change
			GA CO GRemove
			☐ Change
			Add
			Remove
			Change

90th day after the record is filed.

JUNE 1st

Signature of a member or authorized representative of another

KAJISHIMA KONNO, WOLNEY NORIO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00