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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 Phone : (305)358-1310 Fax Number : (305)503-6701

Fax Number . (383)383-8782

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

Email Address: and 8723@Good). Com

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

## VERGELLO DI RAME LLC

Certificate of Status	0
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**LALBRITTON** 

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2021-10-14 14:26:36 GMT

1010011	
	5

From: Andres Rodrigue

VERGE	LLO DI RAME LLC			ال)
(Name of the Limited Liability (A Florida	ty Company as it now app Limited Liability Compan	y)		
The Articles of Organization for this Limited Liability C	ompany were filed on	06/12/2018	and assigned	
Florida document number £18000145567				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ited liability company	here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company." th	ne designation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				<del>-</del>
(Principal office address MUST BE A STREET ADDR				
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)				<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:				tered
Name of New Registered Agent:				<del></del> -
New Registered Office Address:  Enter Florida street address			-	
<u></u>		, Flori	daZp Code	
New Registered Agent's Signature, if changing Registered	•		Zp Code	
I hereby accept the appointment as registered agent to		is capacity I furth	er agree to comply with	the
provisions of all statutes relative to the proper and co				1 1116:

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.

To: +18506176383 · Page: 4 of 5 2021-10-14 14:26:36 GMT 13055036701 From: Andres Rodrigue

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

Title	Name	Address	Type of Action
AMBR	Guilherme Nogueira Meggiolaro	144 BISCAYNE BLVD SUITE 208-34	🗃 Add
		MIAMI, FL 33132	
			Change
			□Add
			Remove
			Change
			[]Add
			ПРепюче
			Change
			□Add
	,		□Remove
			□Add
			□Remove
			☐ Change
			CAdd
			□Remove
			Change

Page: 5 of 5

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

From: Andres Rodriguez

Guilherme Nogueira Meggiolaro	Authorized Member	51%
Renato Meggiolaro Junior	Authorized Member	49%
	-	
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fective date, if other than the date of filing in effective date is listed, the date must be specific ar	ng:	_ (optional)
in effective date is listed, the date must be specific ar <u>ote:</u> If the date inserted in this block does not cument's effective date on the Department of	meet the applicable statutory filing requirem	ents, this date will not be listed
cument's effective date on the Department of	State 3 records.	
ecord specifies a delayed effective date, but no is filed.	ot an effective time, at 12:01 a.m. on the earli	er of: (b) The 90th day after t
ted 10-14	2021	
		<del></del>
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ວາຊາເສເດເຣ ດາ ສ	member of authorized representative of a finding	,
	NATO MEGGIOLARO JUNIOR	