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.

(((H18000250521 3)))



H180002505213ABCY

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 : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055

Phone

: (407)898-1757

Fax Number

: (407)897-5336

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

Email Address:

(3)

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FERRAZ-SARTINI LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K SALY AUG 28 2018

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COVER LETTER

TO		gistration Sec rision of Corp					
FERRAZ-SARTINI LLC							
SUBJECT:							
Th	e enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Plo	ase return	all correspon	idence concerning this matter	to the following:			
			LAILLA INOCENCIO				
				Name of Person			
			ACCOUNT BOOKKEEP	ING CORP			
				Firm/Company			
	5301 CONROY RD STE 140						
	Address						
			ORLANDO, FL 32811				
			support@abkcorp.com	City/State and Zip Code			
			E-mail address: (t	o be used for future annual report notifi	cation)		
Fo	r further i	nformation co	ncerning this matter, please ca	AI:			
LAILLA INOCENCIO Area Code Name of Person Name of Person Area Code Daytine Telephone Number							
		Name of	Person	Area Code Daytime	Telephone Number		
Ēπ	closed is	a check for the	c following amount:				
	\$25.00 E	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

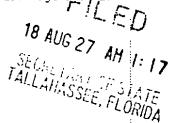
MAJLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

H180002505213

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF



(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	······································
The Articles of Organization for this Limited Liability Company	were filed on JUNE 20, 2018	and assigned
Florida document number L18000151443		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company "the designation "LLC" or the	ebbreviation "L.L.C."
Enter new principal offices address, if applicable:	5301 CONROY RD STE 140	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32811	
		:
Enter new mailing address, if applicable:	5301 CONROY RD STE 140	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32811	

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:

FERRAZ-SARTINI LLC

CELSO LUIZ FERRAZ

New Registered Office Address:

5301 CONROY RD STE 140

Enter Florida street address

ORLANDO

_, Florida ³²⁸¹¹

City

If Changing Registered Agent, Signature

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.

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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>	Name	<u>Address</u>	Type of Action		
			Add		
			☐ Remove		
			□ Change		
			□ Add		
			Canada Tanana Ta		
			☐ Remove		
			□ Add		
			☐ Remove		
			Change		
					
			□ Remove		
			Change		
			Add		
			Remove		
			Change		

From Account Bookkeeping 1.321.888.4914 Mon Aug 27 12:26:41 2018 EDT Page 5 of 10 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If 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)(6) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a mem Hauthorized regresentative of a member Typed or printed name of signee

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