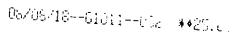
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AUG 1 1 2018 **S. PRATHEF**

COVER LETTER

Division of Corpo	prations		
CONEXD	O ORLANDO, LLC		
JUBJEC1:	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	MYRIAM FLORES		
		Name of Person	
	CPA ACCOUNTING	AND TAX SERVICES	
		Firm/Company	
	1813 N DEAN ROAD S	SUITE 104	
		Address	
	ORLANDO, FLORIDA 3	32817	
	_	City/State and Zip Code	
	MYRIAM@CPAACCOL		
	E-mail address: (to be used for future annual report notifi	cation)
For further information cor	icerning this matter, please ca	all:	
MYRIAM FLORES		407 382-6658	
Name of I	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
■ \$25,00 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)

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 ARTICLES OF ORGANIZATION **OF**

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CONEXDO ORLANDO, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) liability Company)	ru ru
The Articles of Organization for this Limited Liability Company Florida document number L18000176530	were filed on07-23-2018	and assigned
This amendment is submitted to amend the following:		. +
A. If amending name, enter the new name of the limited liabile CONEXAO ORLANDO, LLC	ility company here:	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		

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:		
New Registered Office Address:	Enter Florida street a	address
	Cin [.]	_, Florida

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□ Remove
			□ Change
			Remove
			Change
			Remove
		<u></u>	Change
		·	Remove
		* - • · · ·	Change
			Add
			Remove
			□ Change

in 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 605.020 pte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as				
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Signature of a member or authorized representative of a member MATHEUS DIAS DE CASTRO				
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Filing Fee: \$25.00