

L18000234840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

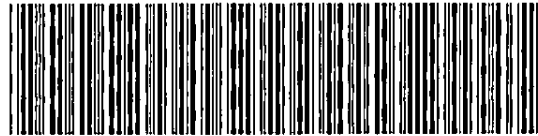
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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ST. LOUIS, MO  
FALLADO, JEFFERSON

K. SALY

OCT 16 2018

# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10-15-18

**\*\*WALK IN\*\***

ENTITY NAME Mejor Holding LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XX

Plain Copy

Certified Copy

Certificate of Status

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

Certified Copy of Arts & Amendments

Certificate of Good Standing

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED 25

CHECK # 5343

Please call Tina at the above number for any issues or concerns. Thank you so much!

FILED  
18 OCT 15 AM 12:50  
TALLAHASSEE, FLORIDA

**STATE OF FLORIDA  
AMENDED AND RESTATED ARTICLES OF ORGANIZATION**

Pursuant to the Florida Limited Liability Company Act, Chapter 605, Section 605.0202 (4), as amended, **Mejor Holding, LLC**, a Florida Limited Liability Company, whose original Articles of Organization were filed on October 3, 2018, Document Number L18000234840, hereby adopts the following Amended and Restated Articles of Organization, for the purpose of amending Articles II, III and IV and restating the original Articles of Organization, as follows:

**Article I - Name:**

The name of the Limited Liability Company is:

Mejor Holding, LLC

(must end with the words "Limited Liability Company", "L.L.C." or "LLC.")

**Article II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

777 Brickell Ave., Suite 500

Miami, FL 33131

**Mailing Address:**

777 Brickell Ave., Suite 500

Miami, FL 33131

**Article III - Registered Agent, Registered Office & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the Registered Agent are:

DGA OFFICE LLC

Name

777 Brickell Ave., Suite 500

Florida street address (P.O. Box **NOT** acceptable)

Miami

City

FL

State


33131

Zip

(CONTINUED)

Page 1 of 3

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.

  
\_\_\_\_\_  
Douglas Filho Gomes, AMBR of DGA Office LLC  
Registered Agent's Signature (REQUIRED)

FILED  
18 OCT 15 AM 12:50  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and contrai the Limited Liabiltiy Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Personal Holding, LLC

777 Brickell Ave., Suite 500

Miami, FL 33131

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

(CONTINUED)

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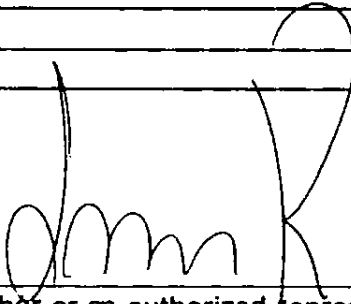
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than  
five business days prior to or 90 days after the date of filing.)

**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.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida  
Statutes.

I am aware that any false information submitted in a document to the Department of  
State constitutes a third degree felony as provided for in s.817.155, F.S.

Fabio Hernani Rasio, Authorized Representative

Typed or printed name of signee

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18 OCT 15 AM 12:50  
TALLAHASSEE, FLORIDA