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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INTERNATIONAL DIVISION BY LARSON LLC

Account Number : I20190000106 Phone : (407)982-2239

Fax Number : (407)370-3120

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

Email Address: FERNANDA. ID @ LARSON ACC . COM

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

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

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## **COVER LETTER**

TO: Registration Sec Division of Corp				
	FFONSECA LLC			
SUBJECT:	Name of Limi	ed Liability Company		
	Amendment and fee(s) are subradence concerning this matter t			
	CAROLINE LARSON			
		Name of Person		
	INTERNATIONAL DIVIS	SION BY LARSON LLC		
	Firm/Company			
	7901 KINGSPOINTE PAR	KWAY STE 15		
		Address		
	ORLANDO, FL 32819			
		City/State and Zip Code		
	FERNANDA.ID@LARSO	NACC.COM to be used for future annual report notif	ication)	
For further information of	oncerning this matter, please on		,	
CAROLINE LARSON		407 370 3686		
Name o	f Person	at ()	: Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

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DocuSign Envelope ID: D826259E-767A-4A37-9160-5642FB58160C

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUNES DAFFONSECA LLC	
(Name of the Limited Liability Company as it now annears on a (A Florida Limited Liability Company)	ur regords.)
The Articles of Organization for this Limited Liability Company were filed on 10/08/2. Florida document number L18000238588	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	202 SE SE
	<u> </u>
B. If amending the registered agent and/or registered office address on ou registered agent and/or the new registered office address here:	r records, enter the name of the no
Name of New Registered Agent:	
New Registered Office Address:	reel address
	mada.

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

7.ip Code

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OocuSign Envelope ID: D826259E-767A-4A37-9160-5642FB58160C
II amending Authorized rerson(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
MGR	Elisabete D'affonseca Santiago	Av. Afonso A de M Franco 397	DAdd
		Rio de Janeiro, RJ 22631-455 BR	<b>⊞</b> Remove
			☐ Change
MGR	José A. D'Affonseca S Cardoso	Av Emb Abelardo Bueno 2510	
		Rio de Janeiro, RJ 22775-040 BR	□ Remove
			Change
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	1	(If an Not	ective date, if other the effective date is listed, the te: If the date inserted in ument's effective date of	date must be specific to this block does no	and cannot be prior to date of fiting of the meet the applicable statutory fi	(optional) r more than 90 days after filing.) Pursuant to 605.0207 (3)(b) ling requirements, this date will not be listed as the
	]	If the (b) T	record specifies a d he 90th day after t	elayed effective he record is file	e date, but not an effectiv d.	e time, at 12:01 a.m. on the earlier of:
		Dat	MAY 06		2020	
					Mariana Vicio f a member or authorized representa	a Kangel Munes
			MADIANA W	Signature of EIRA RANGEL N		ave of a metaber
			WARIANA VI		Typed or printed name of signe	e

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