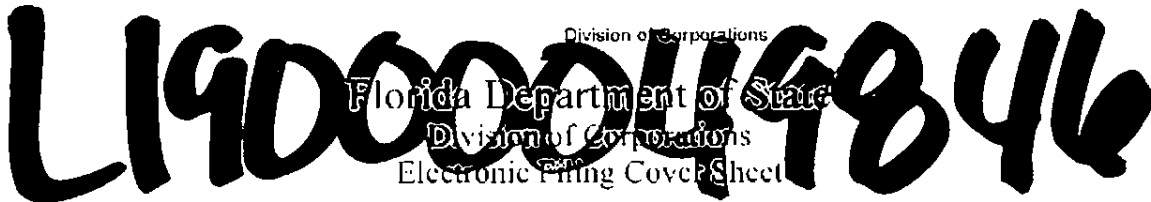


3/11/2019



Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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 Fax Number : (850)617-6383

From:
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 Account Number : 120140000084
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 STAVALE JOAQUIM LLC**

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

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S. PRATHEP

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STAVALE JOAQUIM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 19TH, 2019 and assigned
Florida document number L19000049846.

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 designation "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)

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 address

Florida

City

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.

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARCOS A STAVALE JOAQUIM	1080 BRICKELL AVENUE UNIT 3606	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STAVALE LTD	1080 BRICKELL AVENUE UNIT 3606	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STAVALE LTD	80 Main Street P.O. Box 3200, Road Town, Tortola	<input checked="" type="checkbox"/> Add
		British Virgin Islands, VG1110	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARCOS A STAVALE JOAQUIM	R. Guarara 329 ap 211, São Paulo-SP	<input checked="" type="checkbox"/> Add
		Brazil, 01425-001	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Dated MARCH 1ST. 2019

ARCH 1ST 2019
Signature of a member of authorized representative of a member
Claudia Conceição Araújo de Vasconcelos
Typed or printed name of signee

Page 3 of 3

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