

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L19000062053

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PRIME ACCOUNTING & CONSULTANCY LLC
Account Number : I20180000090
Phone : (407)232-6777
Fax Number : (407)710-0533

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JAN 11 PM 4:49

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EXIBER AD GROUP LLC

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Corporate Filing Menu

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1/12/21

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H21000013535 3)))

EXIBER AD GROUP 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 03/04/2019 and assigned
Florida document number L19000062053.

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)

7345 W SAND LAKE RD

STE 209

ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7345 W SAND LAKE RD

STE 209

ORLANDO, FL 32819

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TALLAHASSEE, FL

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:

ASCENT ACCOUNTING GROUP

New Registered Office Address:

7345 W SAND LAKE RD STE 209

Enter Florida street address

ORLANDO

City

Florida 32819

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.

/s/

If Changing Registered Agent, Signature of New Registered Agent

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By designating 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>
AMBR	MICHELUCCI ALVES, RAFAEL	7345 W SAND LAKE RD	<input type="checkbox"/> Add
		STE 209	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change ✓
AMBR	KAKIMOTO NETO, EDUBERTO	7345 W SAND LAKE RD	<input checked="" type="checkbox"/> Add ✓
		STE 209	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
AMBR	RUIZ DE PAULA, HENRIQUE	7345 W SAND LAKE RD	<input checked="" type="checkbox"/> Add ✓
		STE 209	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
AMBR	EXIBER SERVICOS ELETRONIC	RUA TONELERO, 239 CJ 151	<input type="checkbox"/> Add
		SAO PAULO, SP 05056--000 BR	<input checked="" type="checkbox"/> Remove ✓
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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F. Effective date, if other than the date of filing: _____ (optional)
 _____ the date of filing or more than 90 days after filing.

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)(b) (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)(b)

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.

Dated 12/23/2020

/s/

Rafael Michelucci

Signature of a member or authorized representative of a member

Rafael Michelucci

Typed or printed name of signee

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