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 : TAXLEAF.COM INC Account Number: I20140000084 Phone : (305)541-3980 Fax Number : (888)772-8108

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAKE FIVE INVESTMENTS, LLC

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
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## ARTICLES OF AMENDAYENT

## ARTICLES OF ORGANIZATION OF

TAKE FIVE INVESTMENTS, LLC

| (Name of the Limited Liability<br>(A Florida L  | Company as It now appears omited Liability Company)    | n our records.)                   |   |                                   |               |             |
|---|--|-----------------------------------|---|-----------------------------------|---------------|-------------|
| The Articles of Organization for this Limited Liability Co-<br>Florida document number <u>L19000130275</u>  | mpany were filed on 05/14                              | /2019                             | and assigned                                    |                                   |               |             |
| This amendment is submitted to amend the following:   |  |                                   |   |                                   |               |             |
| A. If amending name, enter the new name of the limit  | ed liability company here                              | :                                 |   |                                   |               |             |
| The new name must be distinguishable and contain the words "Limite  | ed Liability Company," the design                      | gnation "L.L.C" or th             | ne abbreviation "L.L.C."                        | _                                 |               |             |
| Enter new principal offices address, if applicable:   |  | ···-                              |   |                                   | <b>2</b> 9 13 |             |
| (Principal office address MUST BE A STREET ADDRE  | <u>:SS)</u>  |                                   |   | <del>-</del> :                    | AON B         |             |
|   |  |                                   |   | - <del>:</del> ; ; :              | N             | ŗ ·-        |
| Fator and and the state of the |  |                                   |   | · · · · · · · · · · · · · · · · · | 329           | []:         |
| Enter new mailing address, if applicable:   |  |                                   |   | - ; ;;                            | 12°           | · · · · · · |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |                                   |   | - 27                              | 0: 2          | ****        |
|   |  | ····                              |   | _                                 | $\sim$        |             |
| B. If amending the registered agent and/or registered agent and/or the new registered office addre  |  | ur records, <u>en</u>             | ter the name of the                             | new                               |               |             |
| Name of New Registered Agent:   |  |                                   |   |                                   |               |             |
|   |  |                                   |   | _                                 |               |             |
| New Registered Office Address:  | Enter Florida  | street address                    |   | _                                 |               |             |
|   |  | Fr d.d.                           |   |                                   |               |             |
|   | City   | , Florida                         | Zip Code  | -                                 |               |             |
| New Registered Agent's Signature, if changing Registered  | Agent:   |                                   |   |                                   |               |             |
| I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.  | mplete performance of my<br>ent as provided for in Cha | duties, and La<br>opter 605, F.S. | on familiar with and<br>Or, if this document is |                                   |               |             |

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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: H19000334258 3

MGR = Manager

AMBR = Authorized Member

| <u>Title</u>  | Name                         | Address                                   | Type of Act         | <u>ion</u> |           |
|---------------|------------------------------|---|---------------------|------------|-----------|
| AMBR          | FABRICIO CARNEIRO DE ALMEIDA | AVENIDA VISCONDE DE ALBURQUERQUE 800/APTO | <u>0 1903</u> ☐ Add |            |           |
|               |                              | LEBLON, RJ CEP 22.450-000                 | 🗆 Remove            |            |           |
|               |                              |   | B Change            |            |           |
| AMBR          | FLAVIO CARNEIRO DE ALMEIDA   | RUA TIMOTEO DA COSTA 625 APT 603          | <b>□</b> □ Add      |            |           |
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