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.

(((H21000127021 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC

Account Number : I20210000039 Phone : (407)374-2329 Fax Number : (407)412-5926

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

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YARELI TRADING S.A. LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

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## **COVER LETTER**

		RADING S.A. LLC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please retur	n all correspo	ndence concerning this matter to	o the following:	
		CLEITON CARDOSO		
			Name of Person	
		DOMINIUM CONSULTIN	G SERVICES	
			Firm/Company	
		6965 PIAZZA GRANDE A	VE - SUITE 206	
			Address	· ·
		ORLANDO FLORIDA 328	335	
			City/State and Zip Code	
		SERVICES@DOMINIUM		
		E-mail address: (to	o be used for future annual report notifi	cation)
For further	information c	oncerning this matter, please ca	II:	
CAMILA			407 374-2329	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00		□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose

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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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YARELI TRADING S.A. LLC		
( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	it now appears on our records.) Hy Company)	
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L19000132062</u> .		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 C	Company," the designation "LLC" or t	he 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 registered agent and/or the new registered office address here:	address on our records, en	nter the name of the nev
Name of New Registered Agent:	<u> </u>	A TI
New Registered Office Address:	Enter Florida street address  Florida	30 PH
	City	Zi <b>ge</b> ode .
New Registered Agent's Signature, if changing Registered Agent:	**	<u>ි</u> ග

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

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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>	Name	Address	Type of Action
MGR	RODRIGO C NEVES DE LUCA	R PROFESSOR MIGUEL CALM(	
-		SAO PAULO, SP 05655-060 BR	■ Remove
			Change
MGR	MARCELO A FUNK THOMAZ	8472 TANGELO TREE DR	Add!
		ORLANDO, FL 32836	□ Remove
			Change
	<u>.                                    </u>		□ Add
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(If an	ctive date, if other than the dat effective date is listed, the date must be	specific and cannot be prior to d	ate of filing or more than 90 days afte	er filing.) Pursuant to 605/02
Note	: If the date inserted in this block	does not meet the applicable	statutory filing requirements, th	is date will not be listed
aocı	ment's effective date on the Depar	tillent of state's records.		
If the r (b) Th	ecord specifies a delayed ef se 90th day after the record	fective date, but not a l is filed.	n effective time, at 12:01	a.m. on the earlier
Date	d MARCH 29th	2021		

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Typed or printed name of signee

Filing Fee: \$25.00