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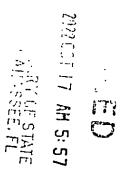
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Special Instructions to	Filing Officer:	

Office Use Only



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R. HUNT

COVER LETTER

TO:

Registration Section

Division of Cor	porations				
OLUB ATLOM	BERNARDINO INVESTIME	NTOS LLC			
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Enrico Anders			7877 GET 17 AM 5:5	
		Name of Person		, /= }	
	Supra Tax LLC			17	100
		Firm/Company	333		1
	6236 Kingspointe Pkwy, S	te l		5: 5	,
		Address	'	<u>E</u> 00	
	Orlando, FL 32819			•	
		City/State and Zip Code			
	Business@supratax.com				
	E-mail address: (to be used for future annual report notif	fication)		
For further information of	oncerning this matter, please c	all:			
Enrico Anders		407 890-1096 at ()			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional copy	f Status & py	
Mailing Address Registration Division of C	Section Corporations	Street Address: Registration Se Division of Con	rporations		
P.O. Box 632		The Centre of T	Tallahassee be Street, Suite 810		
Tailahassee,	FL 32314	2413 14, MINIO	o oncor, bane mo		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our rec	cords.)
(A Fiorida Cilinic		
		دع. ش
The Articles of Organization for this Limited Liability Compar	ny were filed on 08/28/2019	and assigned
Florida document number L19000220399		
This amendment is submitted to amend the following:	akilita samaany baras	TANSSEE DE LA CONTRACTION DE L
A. If amending name, enter the new name of the limited li	admity company nere.	Est i
BRAGA E BERNARDINO INVESTMENTS LLC		58 FL
The new name must be distinguishable and contain the words "Limited Lia	ability 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 offic agent and/or the new registered office address here:	e address on our records, <u>en</u>	iter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		. 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>	Name	Address	Type of Action
AMBR	Laura Braga Bernardino	Rua Seringucira, 90 - Lagoa Santa	
		Gov. Valadares - MG, 35065-018, Brazil	□Remove
			□ Change
			□Remove
			Change
			□Add □
			To diemove
			FATE □Change
			□Add
			□Remove
			Change
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			□Remove
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			□Remove
			☐ Change

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Added		To date, out not an effective time, at 12.57 a.m.	
Added			
Signature of a member or authorized representative of a member	April 8th		
Signature of a member or authorized representative of a member			
Signature of a memoer of authorized representative of a memoer	Muni	Mally granter of a member or authorized representative	e of a member
		Signature of a memori of authorized representative	Co. C. Mellioci
	-	Typed or printed name of signee	

Filing Fee: \$25.00