# L19000 234 463

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	<u> </u>
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SECRETARY OF STATE
AND AHASSEE, FLORIDA

" SULKER NOV 0 5 2019

### **COVER LETTER**

Division of Corp	orations		
SUBJECT: $= x$	or holdings	LLC	
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Lurenz	o Cordetro Name of Person	
		Name of Person	
	Exor	holdings LLC	
		Firm/Company	
	111 Nor	th East 1st S.	treet
		Address	<del></del>
	Migr	City/State and Zip Code	
	Lorenza E-mail address: (	o Gexor holdings. co	ication :
For further information cor	ncerning this matter, please ca	•	
Lorenzo	Cordeiro	at ( <u>305</u> ) <u>733</u> Area Code Daytime	- 9975
Name of I	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)

#### MAILING ADDRESS:

TO:

**Registration Section** 

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Exor Holding	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vibration document number <u>LIGOO 334463</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabil	
A. If amending name, enter the new mains of the innited habit	ny company nere.
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Minni FL 33132
(Principal office address MUST BE A STREET ADDRESS)	Minmi FL 33132
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	111 North East 1st street 908 Mani FL 32132
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:	DEFENSE IN THE PROPERTY OF THE
•	
New Registered Office Address:	Enter Florida street address 55
	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	
MBR =	Authorized	Member

<u>Title</u>	Name	Address	1 ype of Action
MGR	Rodrigo Gayoso	120 Martin Lane West Pam Beach FL 33413	X Add
			□ Remove
			Change
			Remove
			Change
			□ Remove
			Change
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>.</u>	Principle address to be changed to 111 northeat
	lst street Miami FL 33132.
	Mr. Rodrigo Gayoso to be added as a
	managing partner with 50% interest and
_	50 % capital contribution.
_	
_	
_	
_	
_	
_	
(If an effective Note: 1)	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 00th day after the record is filed.
Dated _	10/13 2019
	and teres
	Signature of member or authorized representative of a member
	Locenzo Cordeiro Typed or printed name of signee

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Filing Fee: \$25.00