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COVER LETTER

TO: Registration So Division of Cor			
CARTORIO SUBJECT:	O DIGITAL BRASILEIRO EN	M JACKSONVILLE LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUIZ NEVES		
		Name of Person	
	INTELLIGENT RESOLU	TION SERVICES LLC	
		Firm/Company	
	12443 SAN JOSE BLVD	- SUITE 602	
		Address	· · · · · · · · · · · · · · · · · · ·
	JACKSONVILLE FL 322	23	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
LUIZ NEVES		904 2384100 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	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARTORIO DIGITAL BRASILEIRO EM JACKSONVILLE 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 Florida document number £19000253141	Liability Company were filed on 1	0/08/2019 and assign	ed
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company	here:	
CARTORIO DIGITAL BRASIL EM JACKSON			
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 appl		O19 D	555
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address and/or the new registered Acceptance.	registered office address on our	PH 2: 29 records, enter the name of the new re	j O
Name of New Registered Agent:	CESAR D'LIMA		
New Registered Office Address:	12443 SAN JOSE BLVD SUIT	E 602	
	Enter Flo	orida street address	
	JACKSONVILLE	, Florida 32223	
Name Danistana di Assaria di Assaria	City	Zip Code	
New Registered Agent's Signature, if changing			
I hereby accept the appointment as register provisions of all statutes relative to the prop	ed agent and agree to act in this per and complete performance o	capacity. I further agree to comply w	rith the

Thereby 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
			□Add
			□Remove
			□ Change
			□Add
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ffective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this bloocument's effective date on the De	be specific and cannot ck does not meet th	ot be prior to date one applicable state	f filing or more than	(optional) 90 days after filing.) Frements, this date w	tursuant to 605.020 ill not be listed as
record specifies a delayed effective d is filed.	date, but not an eff	fective time, at 1	2:01 a.m. on the o	earlier of: (b) The	90th day after the
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	ignature of a membe	or authorized rep	presentative of a mo	mber	

Filing Fee: \$25.00