

11/18/2019



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TAXLEAF.COM INC
Account Number : 122140000084
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.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CCDD INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2019 NOV 19 PM 3:37

END

40 minutes of work done

Electronic Filing Menu Corporate Filing Menu Help

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RECEIVED
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CCDD INVESTMENTS 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 Liability Company were filed on 10/08/2019 and assigned Florida document number L19000253239.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RLSMORITA INVESTIMENTOS I LLC

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 applicable:

777 BRICKELL AVE

(Principal office address MUST BE A STREET ADDRESS)

SUITE 500

MIAMI, FL 33131

Enter new mailing address, if applicable:

777 BRICKELL AVE

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 500

MIAMI, FL 33131

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	RISMORITA INVESTIMENTOS LTD	80 MAIN STREET P.O. BOX 3200, ROAD TOWN	<input checked="" type="checkbox"/> Add
		BRITISH VIRGIN ISLANDS, TORTOLA VG1110	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MORITA, SILVIO TAKEO	RUA JACARACANGA 3261 AP 154, VILA FORMOSA	<input checked="" type="checkbox"/> Add
		03358-140, SAO PAULO-SP, BRAZIL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

