

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L21000265938

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.

(((H22000206210 3)))



H220002062103ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : H & CO, LLP
Account Number : I20150000089
Phone : (305)444-8800
Fax Number : (305)444-4010

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

Email Address: cayon@hcoadvisors.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CVJ GLOBAL LLC

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

2022 JUN 14 AM 11:45

STATE OF FLORIDA
DIVISION OF CORPORATIONS

2022 JUN 14 PM 3:37

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

JUN 15 4

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CVJ GLOBAL 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 06/08/2021 and assigned
Florida document number L21000265938.

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 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 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

_____, 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

H220002062103

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	CAIO ROSSI QUADRADO	AV L LUCCHESI, 895 CASA 4	<input type="checkbox"/> Add
		JARDIM TIMBAUVA, GRAVATAI, RS 94015-562	<input checked="" type="checkbox"/> Remove
		BR	<input type="checkbox"/> Change
AMBR	CVJ LTD	R. Prof. Fitzgerald, 101, apto. 301, Petrópolis	<input checked="" type="checkbox"/> Add
		Porto Alegre, RS, 90470-160, BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CAIO ROSSI QUADRADO	R. Prof. Fitzgerald, 101, apto. 301, Petrópolis	<input checked="" type="checkbox"/> Add
		Porto Alegre, RS, 90470-160, BR	<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

H220002062103