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(((H21000268741 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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July 16, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

BANGARU LLC LUIS ALBERTO DE HERRERA 1248 TORRE II PISO 7, OFICINA 710 11300 MONTEVIDEO, URUGUAY,

SUBJECT: BANGARU LLC REF: L21000283718

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The signature on the articles of correction must be on the line above where you signed. The line that should be signed is labeled (SIGNATURE OF AUTHORIZED REPRESENTATIVE AND DATE). The line that was signed is for the registered agent in case you listed a new registered agent in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

FAX Aud. #: H21000268741 Darlene Connell Regulatory Specialist II Supervisor Letter Number: 821A00016442

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| | FLORIDA OR FOREIGN LINUITED DIABILITY COMMITTED TO STATE OF THE PROPERTY OF TH | | |
|--|--|--|--|
| Pursuan | (16 Section 663.020), (1.5.), and decarate the | | |
| FIRST: | The name of the limited liability company is: Bangaru LLC | | |
| | L21000283718 | | |
| SECON | The Florida Document number of the limited hability company is: Articles Of Amendment to Articles of Organization | | |
| THIRD | : Document to be corrected is: | | |
| S | Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: | | |
| | The Names of the previously added Managers should reflect as follows: Lucio Baltazar Travella Magaz & | | |
| | Maria Teresa Dionisia Massey. | | |
| | | | |
| | OR | | |
| r1 | Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: | | |
| | | | |
| | <u>OR</u> | | |
| r , | The electronic transmission of the record was defective. Davie E E Coussman ATIONEY TN-FACT Date Signature of Authorized Representative Date | | |
| Signat accept | ure of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign ing the designation). | | |
| I herel provis obliga reflect | egistered Agent's Signature, if changing Registered Agent: by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the tions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing change. | | |

Registered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)

CR2E062 (9/15)