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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

\*\*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 ATELIWARE LLC

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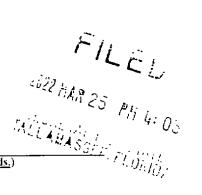
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Help

K. SALY

MAR 2 9 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Ateliware 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 v	were filed on 03/17/22	and assigned
Florida document number L22000111210		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	Community the designation "I I C" are	the abbreviation "L. I. C."
The new name must be distinguishable and contain the words. Limited Clabin	y Company, the designation line of	the abbieviation is the
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 a	ddress on our records, enter the	name of the new registered
agent and/or the new registered office address here:	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	il
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I rovided for in Chapter 605, F.S.	am familiar with and . Or, if this document is
	ging Registered Agent, Signature of Ne	ew 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>	<u>Name</u>	Address	Type of Action
AMBR	Leandro Dalle Laste	891, Raquel Prado, house 5	<b>K</b> Add
		Curitiba, Paraná, Brazil 80.520-290	O_ □Remove
			□Change
AMBR	Peterson Ferreira dos Santos	871, Alexandre Von Humboldt, house 47	7 <b>∑</b> iAdd
		Curitiba, Paraná, Brazil 82.110-00	O_ □Remove
			□Change
			□Add :
			Charige
			Add C
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			□Change
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and cannot be s block does not meet the a	ipplicable statutory i	(option more than 90 days after illing requirements, this	filing.) Pursuant to 605.0207
e record specifies a delayed efferd is filed.	ctive date, but not an effec	tive time, at 12:01 a.	m, on the carlier of: (b	) The 90th day after the
Dated 03/25	202	2 .		
( Y )	Signature of a member of			

Filing Fee: \$25.00