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Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	A AGUIAR LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LAYLA PORTELA		
		Name of Person	
		Firm/Company	
	8508 Park Rd PMB 112		
		Address	
	Charlotte NC 28210-5803		
		City/State and Zip Code	
	BUSINESS@LAYLAPOR	FELA.COM to be used for future annual report noti-	fication)
For further information c	concerning this matter, please of	·	icanon)
LAYLA PORTELA		689 8375655	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 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 Addres Registration		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 637		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASSAFRA AGUIAR LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records mited Liability Company)	<u>r.</u>)
he Articles of Organization for this Limited Liability Con	npany were filed on 02/08/2024	and assigned
lorida document number 1.24000071687		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d 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."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	SS)	
		202
		· :
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		=:
		Ö
 If amending the registered agent and/or registered ogent and/or the new registered office address here: 	ffice address on our records, <u>enter</u>	েন the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street address	S
		orida Ziv Code
	City	zip Coae

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 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>	Type of Action
AMBR	NOGUEIRA DE AGUIAR EMPREENDIMENTOS E PARTICIPACOES LTDA	AV SERGIO HENN 2514 CASA 6	
		SANTAREM, PA 68025000	Remove
		BRAZIL	□Change
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Fective date, if other than the one offective date is listed, the date must the Hitchest Tribe date inserted in this blocument's effective date on the De	be specific and cannot be prior to ick does not meet the applicab	date of filing or more than 9 de statutory filing require	(optional) 0 days after filing.) Pursuant to 6 ments, this date will not be I	505,0207 isted as
ecord specifies a delayed effective is filed.	date, but not an effective tim	e, at 12:01 a.m. on the ea	rlier of: (b) The 90th day a	fter the
ted	2024			
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