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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CONTADORUSA INC.
Account Number : I20200000118
Phone : (305)260-6968
Fax Number : (786)513-7810

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

Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAIS INDUSTRIAL LLC

Certificate of Status	0
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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAIS INDUSTRIAL LLC		
(Name of the Limited (A	Liability Company as it now appears on our re Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabi	ility Company were filed on 10/25/2024	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		25
		# A →
B. If amending the registered agent and/or registered agent and/or the new registered office	***	ords, enter the name of the new
registered agent and/or the new registered office	e address nere.	
N		
Name of New Registered Agent:		22.67 \(\rightarrow\)
New Registered Office Address:		
	Enter Florida street a	ddress
<u>-</u>		, 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



From: Paloma Duarte

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Authorized Member		The state of
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GOMES, AGNALDO JOSE	15805 BISCAYNE BLVD STE 201	
		AVENTURA, FL 33160	Remove
			Change
AMBR	R. C. DE MORAIS, EDUARDO M.	15805 BISCAYNE BLVD STE 201	☐ Add
		AVENTURA, FL 33160	■ Remove
			Change
AMBR	DE ALMEIDA, MARCOS A.	15805 BISCAYNE BLVD STE 201	
		AVENTURA, FL 33160	■ Remove
			□ Change
AMBR	LOPES DE LACERDA, RENATO	15805 BISCAYNE BLVD STE 201	
		AVENTURA, FL 33160	■ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			□ Channe



. If ame	ending any other informat	2025-01-09 21:05:11 GMT 3))) tion, enter change(s) here: (Attach	additional sheets, if necessary.)	
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Effecti	ive date, if other than the	date of filing: be specific and cannot be prior to date of fili	(optional)	
(If an eff	ective date is listed, the date must If the date inserted in this blo	the specific and cannot be prior to date of fill book does not meet the applicable statutor	ng or more than 90 days after tiling.) Pursua ry filing requirements, this date will not	nt to 605.0207 (3)(b) t be listed as the
	ent's effective date on the De		y mag requirement and access min	
the rec	ord specifies a delaved	effective date, but not an effect	tive time, at 12:01 a.m. on the	e earlier of:
	90th day after the reco		2	
Dated		·	Duimmofuuniw	
-uivu		,	Mo Marini)
			Thummigum w	
	-	Signature of a member or authorized repress	entative of a member	
		SE LUCIANO DA SIL	// //	

To:

Typed or printed name of signee