

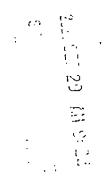
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
· (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	ý	77-121

Office Use Only



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COVER LETTER

	egistration				
D	ivision of (Corporations			
SUBJEC	T: Banco I	Do Brasil Securities LLC			<u>. </u>
		Name of Foreig	m Limited Li	ability Cor	npany
Dear Sir	or Madam;				
The enclo	osed applica	ation, certificate and fee(s)	are submitte	d for filing	ζ,
Please re	turn all cori	respondence concerning th	is matter to t	he followir	ng:
Melissa F	гапса				
		Name of Person			
Banco Do	Brasil Secur	rities			
		Firm/Company	<u></u>	_	
2 S Biscay	yne Blvd suit	e 3150			
		Address			
Miami, Fl	. 33131		_		
		City/State and Zip Cod	c		
bbsny@bl	b.com.br & n	nfranca@bb.com.br			
E-mail	address: (t	o be used for future annua	report notifi	cation)	
For furth	er informat	ion concerning this matter,	please call:		
Melissa F	ranca		at (_407) 60817	81
	Nam	e of Person	Area Co	de & Dayt	ime Telephone Number
N	lailing Addr	ess:		Street A	ddress:
	Cegistration			Registr	ation Section
		Corporations			n of Corporations
	O. Box 63				ntre of Tallahassee
	allahassee.	. FL 32314			Monroe Street, Suite 810 ussee, FL 32303
				ianana	ionoog i ko viadina
E	Inclosed is	a check for the following	amount:		
■S25 Fi	ling Fee	☐ \$30 Filing Fee &	🗆 \$55 Filir		☐ \$60 Filing Fee,
		Certificate of Status	Certified	i Copy	Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

22,0729 研92

SECTION	S I (1-4 must be completed)	e
Name of limited liability Company as it appear	s on the records of the Florida	Department of
State: BANCO DO BRASIL SECURITIES LL	<u>c</u>	
Enter new principal office address, if applicable:		
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	2 S. Biscayne Blvd suite 3150)
MUSI BE A SIR <u>eel Add</u> ress)	Miami, FL 33131	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	ability company is: # M09000	0000802
3. Jurisdiction of its organization: <u>NY</u>		
4. Date authorized to do business in Florida:	113/2009	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: (must	t contain "Limited Liability C	ompany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	naging members adopting the	
6. If amending the registered agent and/or register registered agent and/or the new registered office a		rds, enter the name of the new
Name of New Registered Agent: Andre Gustavo	Borba Assumpcao Haui	
New Registered Office Address: 2 S. Biscayne B	lvd suite 3150 Enter Flora	ida Street Address
<u>Mi</u>	ami,	, Florida <u>33131</u>
	City	Zip Code
NAC THE CONTRACT OF THE CONTRA	antarana di di manda.	

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

8. If the amend	ment changes person, title or capacity	y in accordance with 605.0902 (1)(e), indicate that	change:
Title/ Capacity	<u>Name</u>	Address	Type of
MGR	FRANCA, FRANCIELLY	2 S. Biscayne Blvd suite 3150	
		Miami, FL 33131	
MGR	FRANCA, MELISSA	2 S. Biscayne Blvd suite 3150	
		Miami, FL 33131	
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			C
			□
			{
0.1.			
aforementio	a certificate, if required: no more that ned amendment(s), duly authenticate under the law of which this entity is	ed by the official having custody of records in the	:
	Signatu	re of the authorized representative	