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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC  
Account Number : 12016000060  
Phone : (407)674-8969  
Fax Number : (407)674-8970

\*\*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  
AV HUB LLC

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
AV HUB LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 02/26/2018 and assigned Florida document number .

Florida document number: L18000051108.  
EIN Number: 38-4063589

**Article I**

**A. If amending name, enter the new name of the limited 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."

**Article II**

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**)

\_\_\_\_\_

**Article IV**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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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

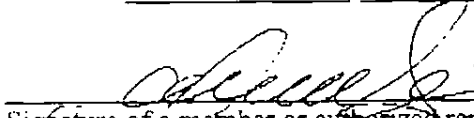
Title	Name	Address	Type of Action
AMBR	DEALER TECH COMERCIO, IMPORTACAO	RUA AMARAL GAMA,333 CJ 84	REMOVE <input type="checkbox"/>
	EXPORTACAO E REPRESENTACOES LTDA	SAO PAULO, SP 02018-001 BR	ADD <input checked="" type="checkbox"/>
Title	Name	Address	Type of Action
AMBR	DEONTOLOGY INTELLIGENCE	WAH HING COMMERCIAL	REMOVE <input type="checkbox"/>
	CONSULTANT LIMITED	CENTRE,383 SHANGAI STREET	ADD <input checked="" type="checkbox"/>
		YAU MA TEI, KL	
Title	Name	Address	Type of Action
AMBR	SIDNEI DOS SANTOS GONCALVES	RUA AMARAL GAMA,333 CJ 84	REMOVE <input checked="" type="checkbox"/>
		SAO PAULO, SP 02018-001 BR	ADD <input type="checkbox"/>
Title	Name	Address	Type of Action
AMBR	DANILLO FIGUEIREDO BOMFIM	RUA AMARALGAMA,333 CJ 84	REMOVE <input checked="" type="checkbox"/>
		SAO PAULO, SP 02018-001 BR	ADD <input type="checkbox"/>

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: OCTOBER 15<sup>th</sup>, 2018.

  
 Signature of a member or authorized representative of a member

SERGIO SA

Typed or printed name of signee

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