Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

Fax Number

: (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number : I20160000000 Phone : (407)674-8969

: (407)674-8969 : (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:
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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN W&V CAVALCANTE LLC

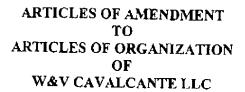
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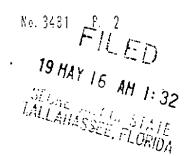
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K. SALY MAY 17 2019





The Articles of Organization for this Florida Limited Liability Company were filed on <u>07/30/2018</u> and assigned Florida document number: L18000181340

EIN Number: 36-4905723

### Article I

A. If amending name, enter the new name of the limited liability company here:

## W&B MARTINHO LLC

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: (Malling 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 and agree to act in this capacity. I further agree to camply 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

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 Acti	on	
AMBR	ENRICO CAVALCANTE MARTINHO	RUA COMENDADOR ELIAS ZARZUR 1477	REMOVE		
		SAO PAULO, SP 04736 BR	ADD		
AMBR	BENICIO CAVALCANTE MARTINHO	RUA COMENDADOR ELIAS ZARZUR 1477	REMOVE		
		SAO PAULO, SP 04736 BR	ADD		
Title	Name	Address	Type of Action	on	
AMBR	VIVIAN SIMAO CAVALCANTE	RUA COMENDADOR ELIAS ZARZUR 1477	REMOVE		
		SAO PAULO, SP 04736 BR	ADD		
C. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
D. 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)					
DATE	0: M4/ 14 ,2019	_•	19 HAY II		
Signatu	re of a member or authorized repr	esentative of a member	6 AH		
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rypeu (	or printed name of signee		$\simeq \omega$		