L19000210785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2019 SEP 16 P 3:53

TALLAHASSEE, FLORIDA

OCT 11 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: TORK SERVICES USA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIA KIM
Name of Person

MOMENTUM TAX ACCOUNTING & CONSULTING LLC
Firm/Company

6996 PIAZZA GRANDE AVE #202
Address

ORLANDO, FL 32835
City/State and Zip Code

RA@MOMENTUMTAC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RENATO BRITO MOREIRA at (407) 284-8392
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the 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 enclose

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

TORK SERVICES USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

The Articles of Organization for this Limited Liability Company were filed on AUGUST 18, 2019 and Florida document number L19000210785.

2019 SEP 16 P
SECRETARY OF
TALLAHASSEE, FL

This amendment is submitted to amend the following:

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

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)

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

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
City *Zip Co*

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 co provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this d being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lia company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered A

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Typ
AMBR	GABRIEL RAMOS PINTO	RUA GENEBRA 181 BLOCO 6	☐
		CURITIBA, PR 83413-340 BR	■
			☐
			☐
			☐
			☐
			☐
			☐ F
			☐ C
			☐ A
			☐ R
			☐ C
			☐ A
			☐ R
			☐ C
			☐ A
			☐ R
			☐ Cl

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea

(b) The 90th day after the record is filed.

Dated 09/12/2019 . _____ .

Signature of a member or authorized representative of a member

RENATO BRITO MOREIRA

Typed or printed name of signee

Filing Fee: $25.00