Florida Department of State

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(((H23000258013 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXPEOPLE LLC Account Number : I20200000160 Phone : (772)460-1000 Fax Number : (772)777-3071

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 HARDEN USA, LLC

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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration S Division of Co			•
SUBJECT:	HARDE	EN USA, LLC	
	Name of Li	mited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	`Amendment and fee(s) are su	abmitted for filing	
	ondence concerning this matte		
		CLAUDIO TOLEDO RIBEIRO	
		Name of Person	
		TAXPEOPLE, LLC	
	·	Firm/Company	
		2855 SW BRJGHTON ST	
		Address	
		PORT LUCIE, FL 34953	
		City/State and Zip Code	
		info@taxpeoplefl.com	
For further information of		(to be used for future annual report noti	fication)
	oncerning this matter, please o	cail:	
Claudio Toledo Ribeiro		772 460.1000 at ()	
Name of	Person	Area Code Daytim	c Telephone Number
Enclosed is a check for th	e 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 enclosed
<u>Mailing Address</u> Registration S	<u>:</u> ection	Street Address: Registration Sec	tion
Division of Co	prporations	Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

(((H23000258013 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARDEN USA, LLC	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	ppears on ourrecords.)
The Articles of Organization for this Limited Liability Company were filed Florida document number L22000482004	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	y here:
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Florida stree: address
Crty	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 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	Percentage
AMBR	FIRST NAME: AFONSO MARIA LAST NAME: FERNANDES DE ANDRADE	2855 SW BRIGHTON ST. # 102 PORT ST LUCIE, FL 34953	□Add □Remove X Change	50 %
AMBR	FIRST NAME: MARCO AURELIO LAST NAME: TOLEDO DUARTE	2855 SW BRIGHTON ST. # 102 PORT ST LUCIE, FL 34953	□Add □Remove X Change	30 %
AMBR	FIRST NAME: BRUNO VITOR LAST NAME: DUARTE ARNDT	2254 SW HAYCRAFT CIR. PORT ST LUCIE, FL 34953	X Add □Remove □Change	20 %
			□Add □Remove □Change	
	<u>:</u>		□Add □Remove □Change	

		
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605.0207 (3)(b) Note: If the date in will not be listed as the document	nust be specific and cannot be prior to date serted in this block does not meet the t's effective date on the Department of	of filing or more than 90 days after filing.) Pursuant to
605.0207 (3)(b) Note: If the date in will not be listed as the document of the record specifies a delayed	nust be specific and cannot be prior to date serted in this block does not meet the t's effective date on the Department of	of filing or more than 90 days after filing.) Pursuant to applicable statutory filing requirements, this da State's records.