

5/19/2021 5:03PM

Division of Corporations

Ms. 5182 P. 1

621000071916

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H21000201353 3)))



H210002013533ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : US TAX CONSULTING INC
Account Number : I20160000060
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: _____

RECEIVED
2021 MAY 19 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
XPRESS BRAZIL LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

FILED
21 MAY 19 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

7/25/21
Steph

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

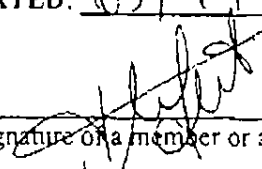
Title	Name	Address	Type of Action
-------	------	---------	----------------

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)

DATED: 05/19, 2021.



Signature of a member or authorized representative of a member

FABIA MAXIMO ALVES XIRATA

Typed or printed name of signee