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From:

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Account Number : 120160000060 Phone : (407)674-8969 Fax Number : (407)674-8970

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF** XPRESS BRAZIL LLC

The Articles of Organization for this Florida Limited Liability Company were filed on <u>02/11/2021</u> and assigned Florida document number: L21000071916	
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)	
9310 US HIGHWAY 192W, STE #5, CLERMONT, FL, 34714	11
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX) 9310 US HIGHWAY 192W, STE #5, CLERMONT, FL, 34714 9310 US HIGHWAY 192W, STE #5, CLERMONT, FL, 34714	or C
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: FABIA MAXIMO ALVES XIRATA	
New Registered Office Address: 10031 VERSE ALLEY, WINTER GARDEN, FL 34787	
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 patified 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 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:

Signature of a member or authorized representative of a member

FABIA MAXIMO ALVES XIRATA

Typed or printed name of signee