Note: Please print this page and use it as a cover sheet. Type the tax audit number

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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

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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 CSW & LW PROPERTIES LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF CSW & LW PROPERTIES LLC

The Articles of Organization for this Florida Limited Liability Company were filed on <u>03/22/2013</u> and assigned Florida document number: L13000043262.

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)

13261 OAKENSHAW LN, ORLANDO, FL 32832 US

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

13261 OAKENSHAW LN, ORLANDO, FL 32832 US

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 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. Dr. 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	
MGR	CSW PARTICIPACOES LTDA	RUA JOAO ARCADEPANI FILHO 231 SALA 7	REMOVE	
		RIBEIRAO PRETO , 14096-720 ES	ADD	
C. If a	mending any other informatio	n, enter chauge(s) here: (Attach additional she	ets, 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

Rodrigo Cavalcante

Typed or printed name of signee