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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: EAGLE TAX REPRESENTATION, CORP.

Account Number : 120070000037

: (954)532-3842

Fax Number

: (954)532-3847

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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COVER LETTER

TO: Re	egistration Se ivision of Cor	ction porations				
SUBJECT	PIBUS US.	A LLC				
BUDGECT	' 	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	-			
		JOSE E FERRARI				
		1	Name of Person			
		EAGLE TAX REPRESEN	TATION, CORF			
			Firm/Company			7
5493 WILES ROAD STE 105					6 AUG	, LA
			Address		G 25	Ţ. (7
		COCONUT CREEK FL 33	3073			ALLAMASSETTILO
			City/State and Zip Code		AM 9:	-
		paulo@engle-tax.com				5
		E-mail address: (to be used for future annual report notific	ation)	Q	-
For further	information co	oncerning this matter, please ca	all;			
Paulo Olive	cira, EA		954 532-3842			
	Name of	Person	Area Code Daylime	l'elephone Number		
Enclosed is	a check for th	e following amount:				
\$25,00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		NG ADDRESS:	STREET/COURIE Revistration Section	R ADDRESS:		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Ft. 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIBUS USA ELC:		
(Name of the Limited Linh (A Flori	ility Company as it now appears on our records.) du Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on08-15-2013	and assigned
Florida document number L13000115518	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Linbility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ਰ ਵਿੱ
(Principal office address MUST BE A STREET ADE	DRESS)	3
		72
		er gg The property of the property of
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	Zip Code
	v.ogr	**************************************

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 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

<u>Title</u>	Name	Address	Type of Action
MGRM	Dorice N Ferrari	2001 NW 45th Ave	□ Add
		Coconut Creek FL 33066	■ Rcmove
			☐ Change
MGRM	Prancinildo Honorio	2967 Ruth St	⊒ Add
		Miami FL 33133	□ Removc
			AUG#5
			Add C
			☐ Change
			☐ Remove
		<u> </u>	☐ Change
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lf an elf <u>Note:</u>	ive date, if other than the difective date is listed, the date must to the date inserted in this blockent's effective date on the Deport	e specific and ca k does not mee	nnot be prior to a It the applicabl	lac of filing or mo e statutory filing	c than 90 days allo requirements, th	er filing.) Pursuant i	:o 605.020 e list e d a
he rec	cord specifies a delayed 90th day after the reco	affective dat d is filed.	e, but not a	n effective ti	me, at 12:01	a.m. on the o	arlier o
	August 25th		2016	1			
Dated	August 25th						
Dated	× Ri's	· ·					
Dated	× Ri's	gnature of a mer	nber or authoriz	ed representative o	f'u member	· <u></u>	

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Filing Fee: \$25.00