

11/26 Nov. 29, 2013 4:18 PM

Division of Corporations

11/26/2013

L13000167013

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : US TAX CONSULTING INC
Account Number : 120160000060
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: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IWJC, LLC

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
IWJC LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 12/02/2013 and assigned Florida document number .

Florida document number: L13000167013.
EIN Number: 39-2081087

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," 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)

5401 S. KIRKMAN RD SUITE 135, ORLANDO, FL, 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5401 S. KIRKMAN RD SUITE 135, ORLANDO, FL, 32819

Article IV

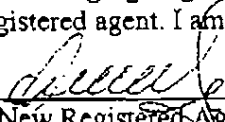
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: US TAX CONSULTING INC.

New Registered Office Address: 5401 S. KIRKMAN RD SUITE 135, ORLANDO, FL, 32819

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

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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

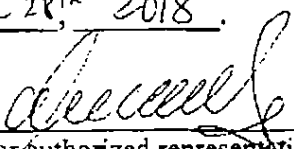
Title	Name	Address	Type of Action
MGR	WANDERLEY FILHO, IVO ELIAS	1000 BRICKELL AVENUE SUITE 201	REMOVE <input checked="" type="checkbox"/>
		MIAMI, FL 33131	ADD <input type="checkbox"/>
MGR	DE ALMEIDA, JOAO CAETANO	1000 BRICKELL AVENUE SUITE 201	REMOVE <input checked="" type="checkbox"/>
		MIAMI, FL 33131	ADD <input type="checkbox"/>
AMBR	WANDERLEY FILHO, IVO ELIAS	RUA PRESIDENTE NEREU RAMOS 150 APT 201	REMOVE <input type="checkbox"/>
		RIO DE JANEIRO, RJ 22795-080 BR	ADD <input checked="" type="checkbox"/>
AMBR	DE ALMEIDA, JOAO CAETANO	RUA PRESIDENTE NEREU RAMOS 150 APT 201	REMOVE <input type="checkbox"/>
		RIO DE JANEIRO, RJ 22795-080 BR	ADD <input checked="" type="checkbox"/>

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. 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: November 28th, 2018


Signature of a member or authorized representative of a member

SERGIO SA

Typed or printed name of signee

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