

1/21/2022 2:34PM

Division of Corporations

No. 5652 P. 1

L14 000022038

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 : 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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NESTIS INTERNATIONAL LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

2022 JAN 24 AM 10:32

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SECRETARY OF STATE
JAN 24 2022

2022 JAN 24 AM 9:50

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JAN 25 2022

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
NESTIS INTERNATIONAL LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 02/10/2014 and assigned Florida document number: L14000022038

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)

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

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. 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

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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
AMBR	ELOY JOSE DE BORBA	RUA MARTINIANO DE CARVALHO 990 APT 11	REMOVE <input checked="" type="checkbox"/>
		SAO PAULO, SP 03121-000 BR	ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	RAFAEL TULIO DE BORBA	ALAMEDA ITAPECURU 283 APT 161	REMOVE <input checked="" type="checkbox"/>
		BARUERI, SP 06454-080 BR	ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	PIETRO LUCAS CAFASSO	RUA FRANCISCA JULIA 394 APT 31	REMOVE <input type="checkbox"/>
		SAO PAULO, SP 02403-011 BR	ADD <input checked="" type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	ANA CLAUDIA AMARO CAFASSO	RUA FRANCISCA JULIA 394 APT 31	REMOVE <input type="checkbox"/>
		SAO PAULO, SP 02403-011 BR	ADD <input checked="" type="checkbox"/>

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: JANUARY 21st, 2022

Signature of a member or authorized representative of a member

Rodrigo Cavalcante

Typed or printed name of signer