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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
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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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FERREIRA SANTOS AQUISITION LLC

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2020 OCT -7 AM 9:11
STATE OF FLORIDA

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
FERREIRA SANTOS AQUISITION LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 09/02/2014 and assigned Florida document number: L14000136931

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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OCT-7 AM 9:11
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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

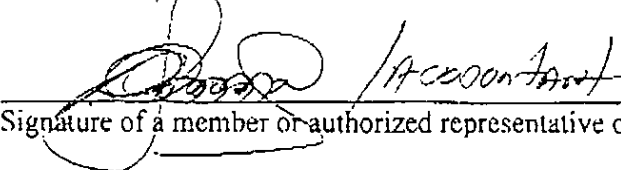
Title	Name	Address	Type of Action
AMBR	SANTOS, JOSE	AV WASHINGTON LUIS, 1277	REMOVE <input checked="" type="checkbox"/>
		SAO PAULO, SP 04662-002 BR	ADD <input type="checkbox"/>
AMBR	BARROS DE MEDEIROS FILHO, JOACI	RUA DOS VIANAS, 411, APT 174	REMOVE <input type="checkbox"/>
		SÃO BERNARDO DO CAMPO, SP 09760 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: 07, October, 2020.



Signature of a member or authorized representative of a member

Rodrigo Cavalcante
Typed or printed name of signee