

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000020360 3)))



H210000203603ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

Email Address: _____

FILED
2021 JAN 19 AM 9:50
TALLAHASSEE, FL

RECEIVED
2021 JAN 19 PH 3:11

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MALBORK LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 20 2021
C. Kinse

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
MALBORK LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 10/23/2014 and assigned Florida document number: L14000155165

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 "LLC."

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:

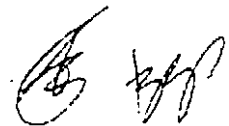
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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

FILED
TALLAHASSEE, FL

2021 JAN 19 AM 9:50

FILED



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	SHIVELUCH INVESTMENTS LTD	MARCY BUILDING 2 nd FL PURCELL ESTATE ROAD TOWN TORTOLA BVI	REMOVE <input checked="" type="checkbox"/> ADD <input type="checkbox"/>
AMBR	BASILE PEREIRA, LUIZ FERNANDO	RUA CORVETA CAMACUA, 257 SAO PAULO, SP 05619-020	REMOVE <input type="checkbox"/> ADD <input checked="" type="checkbox"/>
AMBR	BASILE PEREIRA, EDUARDO	RUA COMANDANTE ISMAEL GUILHERME, 168 SAO PAULO, SP 04031-120 BR	REMOVE <input type="checkbox"/> ADD <input checked="" type="checkbox"/>
AR	BASILE PEREIRA, RENATA BASILE	15385 SHONAN GOLD DRIVE WINTER GARDEN, FL 34787	REMOVE <input checked="" type="checkbox"/> ADD <input type="checkbox"/>
AR	BASILE PEREIRA, RENATA	15385 SHONAN GOLD DRIVE WINTER GARDEN, FL 34787	REMOVE <input type="checkbox"/> ADD <input checked="" type="checkbox"/>

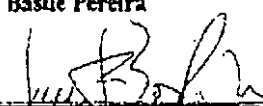
C. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

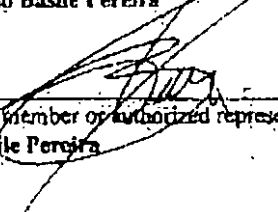
D. Effective date, if other than the date of filing: (optional)

(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: 01/14, 2021


Signature of a member or authorized representative of a member
Renata Basile Pereira


Signature of a member or authorized representative of a member
Luiz Fernando Basile Pereira


Signature of a member or authorized representative of a member
Eduardo Basile Pereira