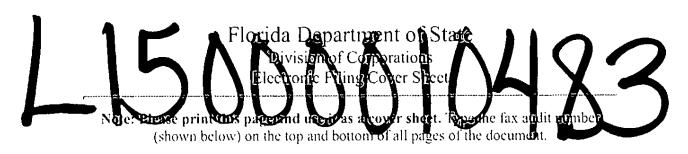
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111 Phone : (407)800-7028

Fax Number : (407)992-9407

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

	Address			
⊢maı ı	DUULECC,			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARIUS USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:	ARIUS USA LLC	
	Name of Limited Liability Company	

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

	Maria C Sousa	
	Name of Person	
	SA Finance & Accounting Inc	
	Firm/Company	
	5728 Major Blvd Ste 309	
	Address	
	Orlando Florida 32819	
	City/State and Zip Code	
	sousaace@sousaacc.com	
Ę.	mail address: (to be used for future annual report notification)	<u>_</u>

For further information concerning this matter, please call:

Maria C Sousa	at (407)	8007028
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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12:05 PM

TO:18506176383

FROM: 4079929407

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARIUS USA				
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now ap nited Liability Compa	<u>pears on our records.</u>) ny)		
The Articles of Organization for this Limited Liability Com	npany were filed	01/16/2015	and assig	ned
on Florida document number L15000010483				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability compan	<u>v here</u> :		
The new name must be distinguishable and contain the words "Limited	Liability Company,"	the designation "LLC" or th	ne abbreviation "L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u>:S)</u>		· · · ·	022 NO
				7 0_
Enter new mailing address, if applicable:			기계 기술	
••			ိုမာ	JK ,
(Mailing address MAY BE A POST OFFICE BOX)			₩ Ž	
B. If amending the registered agent and/or registered of	ffine addrage on o	ur rupords ontar the r	wme of the new	registered
agent and/or the new registered office address here:	arce address on o	ar records, <u>chier the r</u>	Table of the fiew	registered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter	Florida street address		
		, Florida		
	Cuy		Zip Code	

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.

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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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	JOAO LUIZ SCALLI	9381 Trinana Cir	Dadd
		Winter Garden, FL 34787	∑ Remove
			□Change
MGR_	MARCIA C DA SILVA SCALLI	9381 Trinana Cir	□Add
		Winter Garden, FL 34787	X Remove
MGRM	BAMBOO PARTNERS LTD CO	RUA ANTONIO CAMARDO 618 APT 241	S Add
		SAO PAULO SP 03309-060 BRAZII.	□Remove
			Change
			Add 202 NOV L4
			De Stander St
			Remove
			□Change
			Dadd
			□Remove
			□Change

JOAO LUIZ SCALLI

Typed or printed name of signee

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