

Florida Department of State
Division of Corporations
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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.****

Email Address: _____

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

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NOV 14 2022

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Corporate Filing Menu

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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
sousaacc@sousaacc.com
E-mail address: (to be used for future annual report notification)

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:

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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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NOV 14 2022

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FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ARIUS USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed 01/16/2015 and assigned 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 company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

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:

Enter Florida street address

Florida

City

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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOAO LUIZ SCALLI	9381 Trinana Cir	<input type="checkbox"/> Add
		Winter Garden, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARCIA C DA SILVA SCALLI	9381 Trinana Cir	<input type="checkbox"/> Add
		Winter Garden, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	BAMBOO PARTNERS LTD CO	RUA ANTONIO CAMARDO 618 APT 241	<input checked="" type="checkbox"/> Add
		SAO PAULO SP 03309-060 BRAZIL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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BOULDER, CO 80501

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated November, 11 2022

Signature of a member or authorized representative of a member

JOAO LUIZ SCALLI

Typed or printed name of signee