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Florida Department of State
Division of Corporations
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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.

Email Address:

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AND
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHAMA'S BUSINESS LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

T.S. 04/09/16

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
CHAMA'S BUSINESS LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 01/26/2015 and assigned Florida document number .

Florida document number: L15000014629.

EIN Number: 37-1776521

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)

13574 VILLAGE PARK DR SUITE 115K, ORLANDO, FL, 32837

Enter new mailing address, if applicable:

13574 VILLAGE PARK DR SUITE 115K, ORLANDO, FL, 32837

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: US TAX CONSULTING INC

New Registered Office Address: 5401 S KIRKMAN RD STE 135, ORLANDO, FL 32819

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

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Apr. 18, 2019 12:52PM

No. 3354 P. 3

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
MBR	RAFAEL P CHAMADOIRA	RUA PROFESSOR ALEXANDRE CORREA, 300 SÃO PAULO, SP, 05657-230, BR	ADD

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: APRIL 18th, 2019.



Signature of a member or authorized representative of a member

SERGIO SA

Typed or printed name of signee

2019 APR 18 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FL 32399

APPROVED
AND
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