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COVER LETTER

TO:

Registration Section 'Division of Corporations

SUBJECT.

MAX USA 2G CONSULTING 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:

MARCO A REIS

Name of Person

USATAX CORP

Firm/Company

591 E SAMPLE ROAD

Address

POMPANO BEACH FL 33064

City/State and Zip Code

RODRIGO@USATAXFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCO A REIS

 $_{at}(954)788-1818$

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□ \$60.00 Filing Fee, Certificate of Status & Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAX USA 2G CONSULTING 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 on 05/21/2015 and assigned Florida document number L15000090277 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 end with 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 City

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.

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

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager.

AMBR = Authorized Member Name Address Type of Action Title **ENRICO DANIELE** 589 E Sample RD ■Add MGR <u>Suj T= 233</u> □ Remove Rompano Bobs R 33064 589 € SAMPLE RD Add MGR EDIGIMAR ANTONIO MAXIMILIANO JUNIOR Ponyano Beach & 33064 589 E SAmple RD ■ Add **AMGR** UMBERTO BARALDI MAXIMILIANO SUITE 233 Remove □ Remove ☐ Add ☐ Remove □ Add ☐ Remove

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			annot be more than 90	(optional) days after
	a	<u> </u>		
	Signature of ment	er or authorized represe	ntative of a member	
		document is filed by the Florida Department of S	document is filed by the Florida Department of State)	ate, if other than the date of filing: date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 document is filed by the Florida Department of State) Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

