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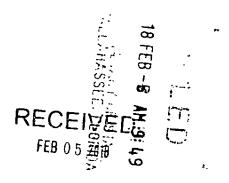
(Requestor's Name)
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COVER LETTER

TO: Registration So Division of Cor							
	ZIL CONSULTING LLC						
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	TANIA PERERA						
	···	Name of Person					
	CONFIDENTIAL ACCOUNTING						
		Firm/Company					
	PO BOX 3276						
		Address					
	APOLLO BEACH, FL 33.	572					
		City/State and Zip Code					
	MAIL@CONFIDENTIALACCOUNTINGRUSKIN.COM						
	E-mail address: (to be used for future annual report notifi	cation)				
For further information e	oncerning this matter, please co	all:					
TANIA PERERA		813 641-3603					
Name of Person		Area Code Daytime	Telephone Number				
Enclosed is a check for the	he 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

USA BRAZIL 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 $\frac{-06/19/2015}{}$ and assigned Florida document number 1.15000107413 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: USA BRAZIL TRADE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling 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

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.

Cuy

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Change
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Page 3 of 3

Filing Fee: \$25.00