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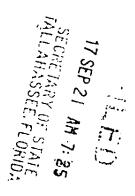
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		COVER LETTER	••
TO: Registration S Division of Co			
	EUSA, LLC		
SUBJECT:		5 117 129 70	
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DIEGO SAMPAIO		
		Name of Person	<del></del>
	COMPANY COM <b>B</b> O, LL	c	
		Firm/Company	
	8600 COMMODITY CIR	. STE 121	
		Address	
	ORLANDO, FL 32819		
	NIFO COMPANICO AT	City/State and Zip Code	
	INFO@COMPANYCOME E-mail address: (	to be used for future annual report to	otification)
For further information	concerning this matter, please c	·	
DIEGO SAMPAIO		866 428-2030	
Name	of Person	at () Area Code Dayti	ime Telephone Number
Enclosed is a check for	the following amount:		
	☐ \$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)
Registration Section Registration Sect Division of Corporations Division of Corpo		orations	
Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3ITRADE USA, LLC	
(Name of the Limit	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L Florida document number L15000108495	iability Company were filed on 06/23/2015 and assigned
This amendment is submitted to amend the foll	owing:
A. If amending name, enter the new name o	f the limited liability company here:
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)
B. If amending the registered agent and registered agent and/or the new registered of	for registered office address on our records, enter the name of the office address here:
Name of New Registered Agent:	SE SE
New Registered Office Address:	Enter Florida street address Florida
	City - Dire Code
New Registered Agent's Signature, if changing I	Registered Agent:
	d agent and agree to act in this capacity. I further agree to comply with er and complete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
MGR	Cássio lachel Marques	1314 Moss Creek	□ Add
		Davenport, Fl.	■ Remove
		33896 - USA	Change
MGR	Ana Elisabete Faria de Rossi	1442 Pro Shop Court	Add
		ChampionsGate, FL	Remove
		33896 - US	Change
MGR Sa	Samio Cassio Santana Silva	R. Professora Maria Elisa Soares	
		Sorocaha, SP	■ Remove
		18017408 – BR	□ Change
			□ Remove
			□ Change
			Add
		<del></del>	Remove
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			□ Add
			□ Remove
			[] (hanaa

Filing Fee: \$25.00

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