

# Florida Department of State Division of Corporations Electronic Filing Cover Sheet **L15000112774**

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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: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MANDALA INVESTMENTS LLC

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JUL 24 2023

K. Brumblay

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
MANDALA INVESTMENTS LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 06/30/2015 and assigned Florida document number: L15000112774

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**)

7508 TOSCANA BLVD, UNIT 134, ORLANDO, FL 32819

Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

13509 HAWKEYE DR, ORLANDO, FL 32837

Article IV

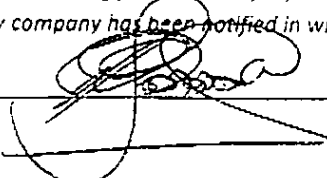
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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.



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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


Title	Name	Address	Type of Action
MGR	DA MOTA, JOSE PEDRO G	AV MALIBU, 45 BL 01 APT 1001	REMOVE <input checked="" type="checkbox"/>
		RIO DE JANEIRO, RJ 22793-295 BR	ADD <input type="checkbox"/>
MGR	SABINO MOTA, HELOISA HELENA C	AV MALIBU, 45 BL 01 APT 1001	REMOVE <input checked="" type="checkbox"/>
		RIO DE JANEIRO, RJ 22793-295 BR	ADD <input type="checkbox"/>
AMBR	R. G. DA MOTA, JOSE PEDRO	AV MALIBU, 45 BL 01 APT 1001	REMOVE <input type="checkbox"/>
		RIO DE JANEIRO, RJ 22793-295 BR	ADD <input checked="" type="checkbox"/>
AMBR	SABINO MOTA, HELOISA HELENA C	AV MALIBU, 45 BL 01 APT 1001	REMOVE <input type="checkbox"/>
		RIO DE JANEIRO, RJ 22793-295 BR	ADD <input checked="" type="checkbox"/>
AMBR	CASTILHO S G DA MOTA, RAFAEL	RUA DOUTOR NASCIMENTO, 709 CASA 1	REMOVE <input type="checkbox"/>
		RIO GRANDE, RS 96200-300 BR	ADD <input checked="" type="checkbox"/>

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: July 24<sup>th</sup>, 2023.

  
 JOSE PEDRO R. G. DA MOTA / AMBR