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Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : US TAX CONSULTING INC  
Account Number : I28160000060  
Phone : (407)674-8969  
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**\*\*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  
ALPHA BUSINESS & TOURISM LLC**

Certificate of Status	1
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
ALPHA BUSINESS & TOURISM LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 08/24/2015 and assigned Florida document number L15000148039.

**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," 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)*

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

**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:

New Registered Office Address:

**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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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**MGR = Manager AMBR = Authorized Member**

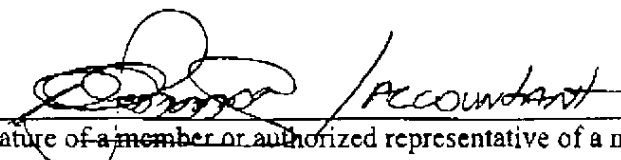
Title	Name	Address	Type of Action
AMBR	DA SILVA, RAFAEL	Rua Prof. Viriato Parigot de Souza 3901 SI 18	REMOVE <input checked="" type="checkbox"/>
		Curitiba, PR 81280-330	ADD <input type="checkbox"/>
Title	Name	Address	Type of Action
AMBR	BRAVO, MANOELE BEATRIZ	Rua Dr. Brasílio Vicente de Castro, 111#304	REMOVE <input type="checkbox"/>
		CURITIBA, PR 81200-526	ADD <input checked="" type="checkbox"/>

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

**E. 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:** September 25, 2019

  
 Signature of a member or authorized representative of a member

**RODRIGO CAVALCANTE**  
 Typed or printed name of signee

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