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To:

Division of Corporations

fax Number : (850)617-6383

From:

: US TAX CONSULTING INC Account Name

Account Number : I20160000060 : (407)674-8969 Phone

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:	-	-		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALPHA BUSINESS & TOURISM LLC

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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 <u>08/24/2015</u> 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," 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)
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

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	
AMBR	DA SILVA, RAFAEL	Rua Prof. Viriato Parigot de Souza 3901 Si 18	REMOVE	
		Curitiba, PR 81280-330	ADD	
Title	Name	Address	Type of Action	
AMBR	BRAVO, MANOELE BEATRIZ	Rua Dr. Brasilio Vicente de Castro, 111#304	REMOVE	
		CURITIBA, PR 81200-526	ADD	
D. If a	mending any other informati	on, enter change(s) here: (Attach additional she	eets, if necessary	y.)

# 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)

Signature of a member or authorized representative of a member

RODRIGO CAVALCANTE

Typed or printed name of signee