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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SMART TAX Account Number : I20090000034

Phone : (954)782-3610 Fax Number : (954)366-3239

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUZA A IMPORT EXPORT LLC

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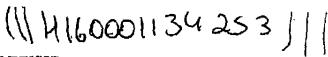
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COVER LETTER

Div	istration St islan of Cor	porutious		
SUBJECT:	SOUZA IM	PORT AND EXPORT LLC		
		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return	all correspo	ndence concerning this matte	r to the following:	
		MICHAEL TADEU FER	REIRA	
			Name of Person	
		SOUZA IMPORT AND I	EXPORT LLC	
			Firm/Company	
		535 B SAMPLE RD # 22	S	
			Address	
		Pompano Beach, Fl	33064	
		GIRAORENATO@GMAI	City/State and Zip Code	
		-	(to be used for future annual r	uport notification)
or further in	uformation co	encerning this matter, please (alt	
ERNANDA	LOLA		954 782	3610
Nume of Person		Area Code	Dayrime Telephone Number	

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

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STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Thilahassoc, FL 32301

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Certified Copy (additional copy is outlosed)

WH160001134253711

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUZA A IMPORT AND EXPORT LLC (Name of the Limited Liability Company as it now appears un our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/02/2016 Florida document number L16000043736 This amendment is submitted to amend the following: 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 "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

Clty

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
s	MICHAEL T FERREIRA	1240 NW 13TH ST APT 111	
		BOCA RATON, FL 33486	Remove
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e record specifies a delayed The 90th day after the reco	effective date, and is filed.	but not an	effective time	, at 12:01 a.m.	on the earlie	er of:	
ated MAY 02	20	16					
MorAcal	Leve	61					
	Signature of a memb	er or authorized	representative of a	member			

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