

1/30/2018 6:03 PM

Division of Corporations

No. 2933

L16 000106660

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : US TAX CONSULTING INC
Account Number : I20160020060
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.****

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BITES TO GO, LLC**

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
BITES TO GO LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 06/01/2016 and assigned Florida document number .

Florida document number: L16000106660.
EIN Number: 81-2855616

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: US TAX CONSULTING INC.

New Registered Office Address: 5401 S. KIRKMAN RD SUITE 135, ORLANDO, FL 32819

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

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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

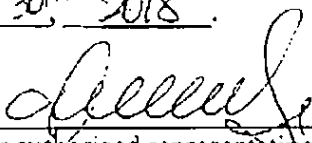
Title	Name	Address	Type of Action	
AMBR	CORREA, ANDRE	7765 INDIAN RIDGE TRAIL N	REMOVE	<input checked="" type="checkbox"/>
		KISSIMMEE, FL 34747 US	ADD	<input type="checkbox"/>
AMBR	CORREA NETO, JOSE	7765 INDIAN RIDGE TRAIL N	REMOVE	<input checked="" type="checkbox"/>
		KISSIMMEE, FL 34747 US	ADD	<input type="checkbox"/>
AMBR	CIASCA C CORREA, ANDRE LUIS	7765 INDIAN RIDGE TRAIL N	REMOVE	<input type="checkbox"/>
		KISSIMMEE, FL 34747 US	ADD	<input checked="" type="checkbox"/>
AMBR	CORREA NETO, JOSE	AV COTOVIA, 124 APT 71	REMOVE	<input type="checkbox"/>
		SAO PAULO, SP 04517 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: NOVEMBER 30th, 2018


Signature of a member or authorized representative of a member

SERGIO SA
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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