

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 : 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
BITES TO GO, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

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2020 JUL 16 AM 9:18

SECRETARY OF STATE
ALLAHUSSEIN FL

2020 JUL 16 PM 5:54

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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.

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 person being added or removed from our records:

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TALLAHASSEE, FL

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	CORREA NETO, JOSE	AV COTOVIA, 124 APT 71	REMOVE <input checked="" type="checkbox"/>
		SAO PAULO, SP 04517 BR	ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	DE LIMA TAVARES, RICARDO ALVES	433 ISABELLA CIRCLE	REMOVE <input checked="" type="checkbox"/>
		WINDERMERE, FL 34786 US	ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	S RIVIERE, ALIAN	643 N PARK AVE	REMOVE <input checked="" type="checkbox"/>
		WINTER PARK, FL 32789 US	ADD <input type="checkbox"/>

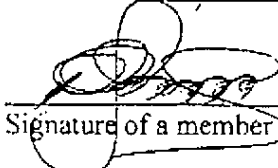
Title	Name	Address	Type of Action
AMBR	T LEME, ELEONORA	2701 MONTICELLO PI #104	REMOVE <input type="checkbox"/>
		ORLANDO, FL 32835 US	ADD <input checked="" type="checkbox"/>

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 16th, 2020.

 / Accountant

Signature of a member or authorized representative of a member

RODRIGO CAVALCANTE

Typed or printed name of signer

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 CLERK OF THE COURT
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