L11000015009

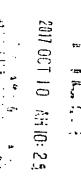
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(Document Number)
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10/10/17--01021--020 +•25.00



HARRIS

COVER LETTER

ARQ DES	IGN USA LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	MARCO REIS			
		Name of Person		
	USA TAX CORPORATIO	N		
		Firm/Company		
	591 E SAMPLE RD			
		Address	· · · · · · · · · · · · · · · · · · ·	
	POMPANO BEACH FL 3	3064		
		City/State and Zip Code		
	USATAX@USATAXFL.C	OM to be used for future annual report notif	ication)	
For further information of	concerning this matter, please co		eur(n)	
MARCO REIS		954 788-1818 at ()		
Name o	of Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARQ DESIGN USA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/06/2017}{10/06/2017}$ ____ and assigned Florida document number ______L17000015009 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 of the new

registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	Cin	, 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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	JOAO VITOR ACQUAVIVA BRASSA	ROT S91 E SAMPLE RD SUITE 222	
		POMPANO BEACH FL 33064	■ Remove
			□ Change
MGRM	ADRIANE M CHAGAS DA SILV A	591 E SAMPLE RD SUITE 222	
		POMPANO BEACH FL 33064	Remove
			Change
MGRM	JOAO VICTOR ACQUAVIVA BRASS	591 E SAMPLE RD SUITE 222	■ Add
		POMPANO BEACH FL 33064	☐ Remove
			Change
			Remove
			□ Change
			Remover C
			☐1.Change
			
			□ Change

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BARBARA FERNANDES DOS SANTOS 5		Signature	of a member-or authorized r	epresentative of a member		 : ≥•
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Filing Fee: \$25.00