

9/6/2017

L17000031173

Division of Corporations

Florida Department of State
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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.

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S. WARREN

SEP 07 2017

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
INFINITO USA LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 02/08/2017 and assigned Florida document number .

Florida document number: L17000031173.
EIN Number: 81-5335571

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**)
5401 S KIRKMAN RD STE 135, ORLANDO, FL 32819

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)
5401 S KIRKMAN RD STE 135, ORLANDO, FL 32819

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 STE 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	LORIATO, DARIO A	1811 HARBOR POINT CIRCLE	REMOVE <input checked="" type="checkbox"/>
		WESTON, FL 33327	ADD <input type="checkbox"/>

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGING PARTNERS ADDRESS AS BELOW:

SAMPAIO, GUSTAVO G: RUA EMIDIO BRANCO DE ARAUJO, 103, SAO PAULO, SP 04725-020

MACHADO, MARCO: RUA GAL FERNANDO VASCONCELLOS CAVALCANTI DE ALBUQUERQUE 500/69

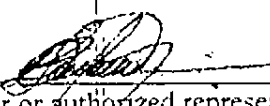
COTIA, SP 06711-020

CORRECT NAME OF THE PARTNER SAMPAIO, GUSTAVO G TO GILBERTI, GUSTAVO S

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)

DATED: September 06, 2017


Signature of a member or authorized representative of a member

DANILO SANTANA

Typed or printed name of signee

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