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SECRETARY OF STATE DIVISION OF CORFORATIONS

SECRE LARY OF JUSTICE PARTIESTON OF CORPORATION 2

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COVER LETTER

	Registration Sec Division of Corp			
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SUBJEC	:1:	Name of Limit	ted Liability Company	 _
The enclo	osed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please re	turn all correspon	dence concerning this matter t	o the following:	
		ROSI ALVES		
			Name of Person	
		TAX SOLUTIONS & BOO	OKKEEPING LLC	
			Firm/Company	
		6220 SOUTH ORANGE I	BLOSSOM TR, SUITE 100	
		<u> </u>	Address	
		ORLANDO - FL - 32809		
	• .		City/State and Zip Code	
	i	TAX.SOLUTIONS100@G	MAIL.COM	
		E-mail address: (to	o be used for future annual report notifica	ition)
For furth	er information co	ncerning this matter, please ca	11:	
THIAGO) TEIXEIRA		508 840-7760	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed	is a check for the	: c following amount:		
■ \$25.0	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:

TO:

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

USTA INVESTMENT GROUP LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on04/21/2017	and assigned
Florida document number L17000088721		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
N/A		
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LI.C" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	므
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:	N/A	TARY OF CORPC
Mailing address MAY BE A POST OFFICE BOX)		22
		7 7
3. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent: N/A		SECRE DIVISION 18 JUN
New Registered Office Address:		第 2
	Enter Florida street address	78 416
	, Florida	
	City	Zip Code 😥

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>	Address	Type of Action
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		CARVALHO, 11	🗏 Remove
		TIMOTEO - MG 35180-182 BR	Change
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