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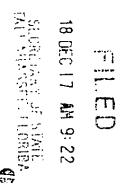
(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to Fi	ling Officer:	

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COVER LETTER

Division of C	orporations		
	A CORRETORA USA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	GILVAM F DOS SANTO	S	
		Name of Person	
	GFS TAX ACCOUNTING	SERVICES	
		Firm/Company	
	2001 W CYPRESS CREE	K RD STE 102 B	
		Address	 -
	FT LAUDRDALE FL 333	09	
	INFO@GFSTAXACCT.CC	City/State and Zip Code DM	
	E-mail address: (to be used for future annual report notif	ication)
For further information	n concerning this matter, please ca	all:	
GILVAM F DOS SAT	NTOS	954 9573244 at ()	
Nam	e of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check fo	r the 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

fO:

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, Fi. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAIR USA CORRETORA LLC					
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>is.</u>)			
The Articles of Organization for this Limited Liability Comp Florida document number L17000091474	any were filed on 04/24/2017	and assigned			
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 L	Liability Company," the designation "LLC	2" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		<u>≯</u> 55 <u>18</u>			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>			
		<u> </u>			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OF FICE BOX)		7.22 RHB			
	€3. ²²				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		s, enter the name of the r			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street addres	or .			
	<u> Б</u> инет т ат на мгеен авиге:	a.a			
	, FI	lorida Zip Code			
	Cuy	Zifi 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
MGR	ADILSON GOES PEREIRA	2005 W Cypress Creek Rd Ste 100 Ft Lauderdale FL 33309	
			Remove
			Change
MGRM	JOSE LAVIA	ALAMEDA SANTOS 1800 11 ANDAR SP 01418-200 - BRAZIL	Add
			Remove
			Change
MGRM	CAIO AUGUSTO BASTOS LUCCHESI	ALAMEDA SANTOS 1800 11 ANDAR SP 01418-200 - BRAZIL	■ Add
			Remove 8 Change
		Op.	Add Add Remove
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			Remove
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ective date, if other than the date of f effective date is listed, the date must be specifi	filing:	o date of filing or mor	e than 90 days after t	n al) iling.) Pur	suant to (605.020
te: If the date inserted in this block does rument's effective date on the Department	not meet the applical	ble statutory filing	requirements, this	date will	not be l	isted a
record specifies a delayed effectiv he 90th day after the record is fil		an effective tir	ne, at 12:01 a.	m. on t	the ea	rlier (
ed	2018					
Lanome		rized representative o				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00