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Division of Corporations

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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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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BSL VENTURES LLC**

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF BSL VENTURES LLC

The Articles of Organization for this Florida Limited Liability Company were filed on <u>04/11/2018</u> and assigned Florida document number: <u>L18000091931</u>

#### Article I

A. If amending name, enter the new name of the limited Hability 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)

9350 ROYAL ESTATES BLVD, ORLANDO FL 32836

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

### 9350 ROYAL ESTATES BLVD, ORLANDO FL 32836

### 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: DOUGLAS NELSON F DE OLIVEIRA

New Registered Office Address: 2350 ROYAL ESTATES BLVD, ORLANDO FL 32836

#### 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 is 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.

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hiv)

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

Title	Name	Address	Type of Action
MGR	וג נוכ	121 S ORANGE AVE STE 110	REMOVE .
		ORLANDO FL 32801	ADD 🗆 🦳
MGR	BRUNETTA INC	121 S ORANGE AVE STE 110	REMOVE
		ORLANDO FL 32801	ADD 🔲
AP	MARIA CRISTINA BERNARDO DE L	AET RUA BARAO DE MAUA 450 SALA 313	REMOVE A
		GUARULHOS, SP 07012-040 BR	ADO II
AP	MARCELO GIOVANNI BRUNETTA	R PROFESSOR LEOPOLDO PAPERINI 150 APT 1	74 REMOVE
		GUARULHOS, SP 07095-080 BR	ADD 🗖 🗸
AMB	R USA UNIQUE LLC	9350 ROYAL ESTATES BLVD	REMOVE \
		ORLANDO, FL 32836	ADD

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: MARCH 16, 2021.
- Luc Pholas
Signature of a member of authorized representative of a member
IL LLC (By Maria Cristina, Bendardo de Laet)
- MANTA
Signature of a member of authorized representative of a member
BRUNETTA INC (By Marcelo Giovanni Brunetta)
Jul Sunetta
Signature of a member of anthorized representative of a member

Signature of a member of authorized representative of a member BRUNEPTA INC. (By/Priscila Marques Brunetta)

Signature of a member or authorized representative of a member USA UNIQUE LLC (By Douglas Nelson F de Oliveira)