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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.

Email	Address:						
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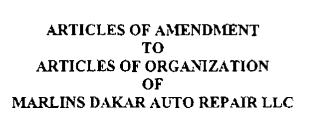
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K. SALY





The Articles of Organization for this Florida Limited Liability Company were filed on <u>07/02/2018</u> and assigned Florida document number: L18000160963

Article I
f 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)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)
Article IV
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:
of New Registered Agent:
Registered Office Address:
Registered Agent's Signature, if changing Registered Agent: by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply ne provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this ment is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited by company has been notified in writing of this change.

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

LITIE	Name	Address	Type of Action
AMBR	IBC FLORIDA INVEST AND BUSINESS CONSULTING I	REMOVE	
		ORLANDO FL 32839	ADD [
Title	Name	Address	Type of Action
AMBR	GAMA USA BUSINESS AND CONSULTING LLC	147 SADDLERIDGE DR	REMOVE [
		ORLANDO FL 32835	ADD
C. If a	mending any other information, ente	er change(s) here: (Attach additiona	I 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: 22 Prouct, 2019

Signature of a member or authorized representative of a member

Rodrigo Cavalcante

Typed or printed name of signee

19 AUG 22 PH 12: 4