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(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC		IG USA LLC		
SUBJEC	1.	Name of Limi	ted Liability Company	
		Amendment and fee(s) are subm		
Please ret	urn all correspor	idence concerning this matter t	o the following:	
		RAQUEL MOWRER		
			Name of Person	
		OGC ASSOCIATES ORL	ANDO CORP	
			Firm/Company	
		7065 WESTPOINTE BLV	/ STE 303	
			Address	
		ORLANDO - FL 32835		
		INFO@OGCORLANDO.C	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifica	ntion)
For furthe	r information co	ncerning this matter, please ca	11:	
RAQUEL	LMOWRER		407 985-4404	
	Name of	Person	Area Code Daytime T	clephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.00	Filing Fee	S30.00 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
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

FILED

ARTICLES OF AMENDMENT 2018 SEP 10 PM 4: 59 TO ARTICLES OF ORGANIZATIONS CORRESPOND STATE TALLAHASSEE, FL OF

BR TRADING USA LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Lial	bility Company were filed on 07/26/2018 and assigned
Florida document number L18000179862	
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of th	ne limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
-	
B. If amending the registered agent and/or reg registered agent and/or the new registered office	gistered office address on our records, <u>enter the name of the new</u> caddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
•	City Zin 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

Title AMBR	Name CORREA GOFFI, FABIO	Address RUA PEDRO ZOLCSAK, 200 RUA 7, 20	Type of Action
		TAUBATE, SP 12043-520 BR	
			Remove
			Change
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effective	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan	it to 605.020
	date inserted in this block does not meet the applicable statutory filing requirements, this date will not effective date on the Department of State's records.	be listed a
ument	effective date on the Department of State's records.	
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	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the day after the record is filed.	e earner
	08 / 78 , 2018.	
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ed	Signature of a member or authorized representative of a member	·

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Filing Fee: \$25.00