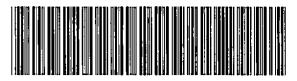
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(Reque	estor's Name)	
(Addre	ess)	
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(City/S	tate/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	me)
(Docui	ment Number)	
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COVER LETTER

	gistration Sec vision of Corp			
our in ext	N & M USA			
SUBJECT:		Name of Limi	ted Liability Company	.
The enclose	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please retur	n all correspor	ndence concerning this matter t	to the following:	
		NILSON CORDEIRO DE	SOUZA	
			Name of Person	
		N & M USA LLC		
			Firm/Company	······································
		478 E ALTAMONTE DR	108-450	
			Address	
		ALTAMONTE SPRINGS.	FL 32701	_
			City/State and Zip Code	
		accounts@opisas.com	o be used for future annual report notifi	Tallans .
				Cation)
For further	information co	oncerning this matter, please ca	ill:	
Daniele Ko	drie		407 6072461 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

N & M USA LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L18000205683</u> .	y were filed on 08/28/2018	and assigned
This amendment is submitted to amend the following:		<u> </u>
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	pility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		, <u>'</u> -
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	daZip Code
	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
SEC	Jiro Shimizu Filho	3555 Peppervine Dr. Avalon Park	
~_		Orlando	□ Remove
		FL, 32828	Change
			্রি □ Remove
			≟□ Change
			Add
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			Remove
			Change

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	<u> </u>
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of e: If the date inserted in this block does not meet the applicable statutory fument's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0 iling requirements, this date will not be listed
record specifies a delayed effective date, but not an effectiv he 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier
ed November 18th.	
Signature of a member ht dythorized representa	

Page 3 of 3

Filing Fee: \$25.00