

11/01/2024 11:20AM

Division of Corporations

No. 3205 P. 1

L18000273972

Florida Department of State  
Division of Corporations  
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Fax Number : (850)617-6383

From:  
Account Name : US TAX CONSULTING INC  
Account Number : I20150000060  
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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Nov. 1. 2024 11:20AM

No 8205 P. 2

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
GMA USA LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 11/27/2018 and assigned Florida document number: L18000273972

Article I

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 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**)

15234 SHONAN GOLD DR, WINTER GARDEN, FL 34787 US

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

15234 SHONAN GOLD DR, WINTER GARDEN, FL 34787 US

Article IV

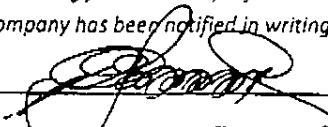
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: **US TAX CONSULTING INC**

New Registered Office Address: **5401 S KIRKMAN RD, STE 135, ORLANDO, FL 32819**

**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	Name	Address	Type of Action
MGR	MALTA DE AMORIM, GUSTAVO	5631 WATER PIER LANE	REMOVE <input checked="" type="checkbox"/>
		WINTER GARDEN, FL 34787	ADD <input type="checkbox"/>
MGR	LA MALTA DE AMORIM, MANUELLA	5631 WATER PIER LANE	REMOVE <input checked="" type="checkbox"/>
		WINTER GARDEN, FL 34787	ADD <input type="checkbox"/>
MGR	MALTA DE AMORIM, GUSTAVO	15234 SHONAN GOLD DR	REMOVE <input type="checkbox"/>
		WINTER GARDEN, FL 34787	ADD <input checked="" type="checkbox"/>
MGR	LA MALTA DE AMORIM, MANUELLA	15234 SHONAN GOLD DR	REMOVE <input type="checkbox"/>
		WINTER GARDEN, FL 34787	ADD <input checked="" type="checkbox"/>

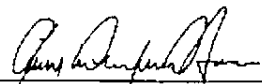
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. 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: NOVEMBER 31, 2024.

  
Gustavo Malta de Amorim / MGR

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