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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: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RMD BUSINESS INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2019 SEP 13 PM 3:06

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
RMD BUSINESS INVESTMENTS LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 12/06/2018 and assigned Florida document number: L18000281584  
EIN Number: 36-4917191

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**)

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

PMB 301, 14422 SHORESIDE WAY, SUITE 110, WINTER GARDEN, FL 34787

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: ALESSANDRA CASTRO

New Registered Office Address: PMB 301, 14422 SHORESIDE WAY, SUITE 110.  
WINTER GARDEN, FL 34787

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
AMBR	CASTRO, JALES	6837 POINT HANCOCK DR	REMOVE <input type="checkbox"/>
		WINTER GARDEN, FL 34787 US	ADD <input checked="" type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	CASTRO, ALESSANDRA	6837 POINT HANCOCK DR	REMOVE <input type="checkbox"/>
		WINTER GARDEN, FL 34787 US	ADD <input checked="" type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	DE CASTRO GONZALEZ, ALFONSO	AV OTACILIO NEGRAO DE LIMA, 16680	REMOVE <input type="checkbox"/>
		BELO HORIZONTE, MG 31555-016 BR	ADD <input checked="" type="checkbox"/>

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: 09/12, 2019.

Signature of a member or authorized representative of a member

Romulo Alcantara Albino - AMBR

Typed or printed name of signer

2019 SEP 13 PM 3:18

APPROVAL  
FILED