Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	<u> </u>
To:		
10.	Division of Corporations	
	Fax Number : (850)617-6383	: : :
From:		
	Account Name : US TAX CONSULTING INC	<u> </u>
	Account Number : I20160000000	<u> </u>

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 PACIFIC SHIPPING CARGO LLC

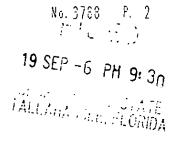
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF PACIFIC SHIPPING CARGO LLC

The Articles of Organization for this Florida Limited Liability Company were filed on <u>02/21/2019</u> and assigned Florida document number: L19000051711

EIN Number: 83-4078245

Article I

A. If amending name, enter the new name of the limited liability company here:

PS CARGO USA LLC

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) 5401 S KIRKMAN RD STE 135, ORLANDO FL 32819

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 5401 S KIRKMAN RD STE 135, ORLANDO FL 32819

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 filled 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 / By Rodrigo Cavalcante

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

Name	Address	Type of Action
MARIA CAROLINA SOUSA	5728 MAJOR BLVD STE 309	REMOVE
,	ORLANDO, FL 32819	ADD 🗀
nending any other information,	, enter change(s) here: (Attach additiona	l sheets, if necessary)
	MARIA CAROLINA SOUSA	MARIA CAROLINA SOUSA 5728 MAJOR BLVD STE 309 ORLANDO, FL 32819 mending any other information, enter change(s) here: (Attach additional

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 September 06, 2019

Signature of a member or authorized representative of a member

Rodrigo Cavalcante / Accountant

Typed or printed name of signee