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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		EIRAS GROUP LLC		
SUBJECT:		Name of Lim	ited Liability Company	·
The enclosed	d Articles of .	Amendment and fec(s) are sub	mitted for filing.	
		ndence concerning this matter		
		MARCO REIS		
			Name of Person	
		USA TAX CORPORATIO	ON .	
			Firm/Company	
		591 E SAMPLE RD		
			Address	
		POMPANO BEACH - FL	ORIDA - 33064	
		USATAX@USATAXFL.C	City/State and Zip Code OM	
		E-mail address: (to be used for future annual report notifi-	cation)
For further i	nformation co	oncerning this matter, please of	all:	
MARCO RI	118		954 788-1818 at {}	
	Name of	Person	Area Code Daytime	Felephone Number
Enclosed is :	a check for th	e following amount:		
■ \$ 25.00 F	filing Fee	☐ \$30.00 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:

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallabassee, 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

MANGABEIRAS GROUP LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/11/2019}{1}$ and assigned Florida document number L19000067362 This amendment is submitted to amend the following: 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 "LAC" or the abbreviation "LAC." 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) 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: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

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	<u>Name</u>	Address	Type of Action
MBR	FERNANDO N DOS SANTOS GOUVEIA	10919 HANDEL PLACE	□ Add
		BOCA RATON FL 33498	U Add
			■ Remove
			☐ Change
MBR	FERNANDA N DOS SANTOS GOUVEIA	10919 HANDEL PLACE	·
		BOCA RATON FL 33498	Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			□ Remove
			□ Change
		Add	
			□ Remove
			Change
			☐ Remove
			Change

Note: If the	date, if other than the date of filing: (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	Oth day after the record is filed.
The 90	
The 90	2019
The 90	

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