

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

From: Account Name : US TAX CONSULTING INC
 Account Number : 120160000060
 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: _____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
2991 BANYAN ROAD LLC

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
2991 BANYAN ROAD LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 03/15/2019 and assigned Florida document number: L19000073586

EIN Number: 83-4204091

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**)

2991 BANYAN ROAD, BOCA RATON, FL 33432

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

2991 BANYAN ROAD, BOCA RATON, FL 33432

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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 SUITE 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.

[Handwritten Signature]

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

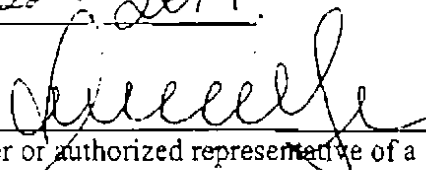
Title	Name	Address	Type of Action
AMBR	ONIGKEIT HOLDING LIMITED	HUNKINS WATERFRONT PLAZA, MAIN STREET, SUITE 556, CHARLESTOWN, NEVIS	REMOVE <input type="checkbox"/> ADD <input checked="" type="checkbox"/>
AP	PEDRO MIGUEL BUSINESS CONSULTING LLC	444 BRICKELL AVE SUITE P15 MIAMI, FL 33131	REMOVE <input checked="" type="checkbox"/> ADD <input 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: MAY 22th 2019.


Signature of a member or authorized representative of a member

Sergio Sa
Typed or printed name of signee

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AND
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STATE OF FLORIDA
DEPARTMENT OF STATE