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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.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAZA DECOR LLC**

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
MAZA DECOR LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 04/15/2019 and assigned Florida document number: L19000103248

EIN Number: 83-4640012

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**)

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: WALTER DRUMMOND DE ALMEIDA

New Registered Office Address: 1892 COMPASS FLOWER WAY, OCOEE, FL 34761

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.

WALTER DRUMMOND DE ALMEIDA

If Changing Registered Agent, Signature of New Registered Agent

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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	MAZACOTTE, GABRIELA O	RUA ITALVA 93	REMOVE <input type="checkbox"/>
	BENEFICIADOS LTDA	VILA DA SAUDE, SP 04294-030 BR	CHANGE ADDRESS <input checked="" type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	MAZACOTTE, BRUNA PRISCILA O	RUA SÃO FRANCISCO DE SALLES 191	REMOVE <input type="checkbox"/>
		AP 83, DIADEMA, SP 09920-450	CHANGE ADDRESS <input checked="" type="checkbox"/>


Title	Name	Address	Type of Action
AMBR	DE OLIVEIRA, ELEUSINA CRUZ	RUA SÃO FRANCISCO DE SALLES 191	REMOVE <input type="checkbox"/>
		AP 83, DIADEMA, SP 09920-450	CHANGE ADDRESS <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: JUNE 28th, 2019.


Signature of a member or authorized representative of a member

Sergio Sa
Typed or printed name of signee

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