

Florida Department of State
Division of Corporations
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L19000126175

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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

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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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SECRETARY OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
US CAPITAL INVESTMENTS GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

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OCT 28 2020

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
US CAPITAL INVESTMENTS GROUP LLC

2020 OCT 27 AM 10:53

The Articles of Organization for this Florida Limited Liability Company were filed on 05/09/2019 and assigned Florida document number .

Florida document number: L19000126175. EIN 84-1797658

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:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

New Registered Agent's Signature, if changing 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:

2020 OCT 27 AM 10:53

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	START8 INC	3111 N UNIVERSITY DR STE 105	REMOVE <input checked="" type="checkbox"/>
		CORAL SPRINGS, FL 33065	ADD <input type="checkbox"/>

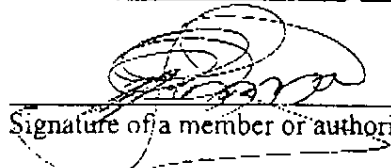
Title	Name	Address	Type of Action
MGR	FLORES DA SILVA, MARIO R	14523 QUAIL TRAIL CIRCLE	REMOVE <input checked="" type="checkbox"/>
		ORLANDO, FL 32837	ADD <input type="checkbox"/>

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: 27 October, 2020.



Signature of a member or authorized representative of a member

RODRIGO CAVALCANTE

Typed or printed name of signee