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COVER LETTER

TO:	Registration Sec Division of Corp			
eun u		MERICA USA, LLC		
Subai	ECT:		ted Liability Company	
The en	nclosed Articles of 2	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	ndence concerning this matter t	to the following:	
		CELSO MORAES		
		ASSELFIS INTERNATIONA	Name of Person AL, LLC	
		7901 KINGSPOINTE PARK	Firm/Company (WAY SUITE 10	
		ORLANDO FL - 32819	Address	
		CELSO@ASSELFIS.COM	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	ill:	
CELS	SO MORAES		407 826-1034 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	25.00 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)

TO:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

TAYLOR AMERICA USA, LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 06/20/2019	and assigned
Florida document number L19000162999		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
TAYLOR AMERICA, LLC		
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		55 19
B. If amending the registered agent and/or registere	d office address on our records, e	nter the name of the n
registered agent and/or the new registered office address		
Name of New Registered Agent:		22 E
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
	City	Zip Code

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.

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>	<u>Address</u>	Type of Action
AMBR	DUQUE, RICARDO A	RUA MEARIM 254 GRAJAU RIO DE JANEIRO, RJ 20561075 RR	Add
			Remove
			Change
AMBR	LEONARDO DA SILVA, ANDREA	RUA MEARIM 254 GRAJAU RIO DE JANEIRO, RJ 20561075 .RR	Add
			Remove
			☐ Change
			Add
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ective date, if other than the affective date is listed, the date mute: If the date inserted in this becament's effective date on the I	st be specific and cannot lock does not meet the	be prior to date of fil applicable statuto	ing or more than 90	(optiona days after filir nents, this da	g.) Pursuant to 605.02
record specifies a delaye he 90th day after the re	d effective date, b cord is filed.	out not an effec	ctive time, at	12:01 a.m	. on the earlier
JULY 03	201	9			
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Filing Fee: \$25.00