12/4/2019

## Division of Corporations A orida Department of State Division of Corporations Electronic Filing Cover Sheet

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		; WITER-WOUZA ( : 120190000068	.URP				
		: (407)326-8484	1				
	Fax Number	: (407)604-6519	e				
**Enter	the email addres	ss for this busin	ness entity	to be used	ace. **		
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Corporate Filing Menu

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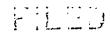
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## COVER LETTER

	Registration Sc Division of Cor			
eun we	USA PRIM	E SOLUTIONS LLC		
SUBJEC	Τ:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	ium all correspo	ondence concerning this matter	to the following:	
		RUBEM SOUZA		
		<u> </u>	Nume of Person	
		WITER-SOUZA CORP		
			Firm/Company	
		845 N GARLAND AVE,	STE 100	
		<del></del>	Address	
		ORLANDO, FL 32801		
			City/State and Zip Code	
		rubemsouza@witeradvogad		
than Caret			to be used for future annual report is	nification)
ror iurui	er information c	oncerning this matter, please o	•	
RUBEM	SOUZA		407 326-8484 nt () Area Code Dayti	
	Name o	( Person	Area Code Duyti	me Telephone Number
Enclosed	is a check for t	he following amount:		
□ <b>\$</b> 25.	00 Filing Fee	■ \$30.00 Filing Fee &. Certificate of Status	Cl \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration:		Street Address: Registration S	ection
	Division of C	Corporations	Division of Co	orporations
	P.O. Box 632 Tallahassec.		The Centre of	Tallahassee oe Street, Suite 810
	Tallanassee,	<b>にいり2014</b>	2413 N. NIONE	oc succi, suite a ro

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



2919 DEC -5 P 1: 59

USA PRIME SOLUTIONS LLC	
(Name of the Limited Liability Compar (A Florida Limited L	isbility Company)  TALEANAGOLL TLUMBA
The Articles of Organization for this Limited Liability Company Florida document number £19000245935	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
•	***************************************
Enter new mailing address, if applicable:	
Muiling address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Emer Florids street address
	Clo Zp Code
	City Zup Code
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

Page I of 3

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
MGR	Julia Konarzewski Ferreira	845 N. GARLAND AVE, STE 100C	OAdd
		ORLANDO, FL 32801	₩Remove
			CTChange
AMBR	Sergio L. Canella de Figueiredo	845 N. GARLAND AVE, STE 100C	
		ORLANDO, FL 32801	□Remove
			□ Change
			□Add
			□Remove
		Variables 2000 - 0.000 - 0.000 - 0.000 - 0.000 - 0.000 - 0.000 - 0.000 - 0.000 - 0.000 - 0.000 - 0.000 - 0.000	DChange
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e: If the date inserted in this block	specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.6 does not meet the applicable statutory filing requirements, this date will not be listed
ament's effective date on the Depar	atment of State's records.
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PLET CHILL STAFFEN ALLEN	<u> </u>
DECEMBER 2ND	. 2019
	major of a member or authorized representative of a member
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Page 3 of 3 Filing Fee: \$25.00