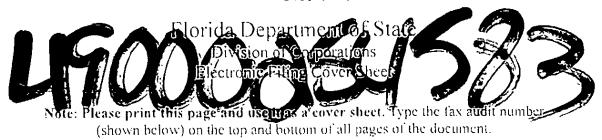
Page: 11/27/2019 12/5/2019

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TO:18506176383 FROM:5615375904

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : 120160000067 Phone : (407)370-3686

Fax Number : (407)370-3120

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email acdress please.\*\*

Email Address: TAX PREPARER@LARSONACC. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESÏGÑ ATITUDE USA BRILLC

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Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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		COVERTETTER	
TO: Registration Se Division of Cor			
ATITUDE	USA BR LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CAROLINE G LARSON		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	LARSON ACCOUNTING	GROUP	
		Firm/Company	
	7901 KINGSPOINTE PAR	RKWAY STE 17	
	-	Address	···
	ORLANDO, FL 32819		
		City/State and Zip Code	
	TAXPREPARER@LARSO	NACC.COM to be used for future annual report	potitication)
For further information (	concerning this matter, please c		,
	one criming this marker, preuse c	407 370 368	6
CAROLINE	of Person	-	sytime Telephone Number
Name	or reason	Area code Sa	yime respinsive reasons
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	S60.00 Filing Fee, Certificate of Status Certified Copy radditional copy is enclo
<u>Mailing Addre</u>	ss:	Street Addres	<u>^:</u>
Registration		Registration	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATITUDE USA BR LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our r liability Company)	ecords;)		
the Articles of Organization for this Limited Liability Company were filed on 10/09/19		2:		and assigned	
Florida document number L19000254583				ယ်	
This amendment is submitted to amend the following	lowing:			<i>\</i> ?	
A. If amending name, enter the new name of	of the limited liab	ility company here:	-		
N/A			:-	2	
The new name must be distinguishable and contain the	words "Limited Liahi	lity Company," the designation	"LLC" or th	ie abbrev	iation "L.L.C."
nter new principal offices address, if applicable: 7901 KINGSPOINTE PA		RKWAY	STE 17		
Principal office address MUST BE A STREET ADDRESS)  ORLANDO FL 32819					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7901 KINGSPOINTE PARKWAY STE 17			
		ORLANDO FL 32819			
	<del></del>				<del></del>
B. If amending the registered agent and/or agent and/or agent and/or the new registered office addra		address on our records, g	nter the r	jame o	the new regist
Name of New Registered Agent:	LARSON ACCOUNTING GROUP				
New Registered Office Address:	7901 KINGSP	OINTE PARKWAY STE 17			
	Euter Florala street address				
	ORLANDO		_, Florida	32819	
		Ciry			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

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ALVES. JACQUES M	7041 GRAND NATIONAL DR STE 128G	🗆 Add
		ORLANDO, FL 32819	≣Remove
			□Add
			□Remove
			□Change
			🖸 Add
			□Remove
			Change
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			Remove
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J. 11 a	mending any other information N/A	n, enter change(s) here: (20	пасн паангонаг хие	as, y necessary.)	
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Not	ective date, if other than the da effective date is listed, the date must be te: If the date inserted in this block fument's effective date on the Depa	c does not meet the applicable s	e of filing or more than statutory filing require	(optional) O days after filing.) Pursua ments, this date will no	ni to 605,0; t be listed
500	ament a creening date on the bepar	and the same of the same			
	record specifies a delayed e he 90th day after the record		effective time, a	. 12:01 a.m. on the	earlier

Typed or printed name of signee

ELIANE RIBEIRO CORREA

Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00