419000254699

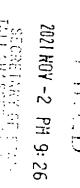
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	J. HORNE
	NOV 1 2 2021

Office Use Only



300375811513

11/02/21--01014 --018 **25.00



COVER LETTER

Division of Corporations	
ADVANCE CONSULTING USA LLC	
SUBJECT: Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
AURELIO NETO	
Name of Person	
ONE TOUCH CONSULTING LLC	
Firm/Company	
6965 PIAZZA GRANDE AVE. STE 401	
Address	
ORLANDO, FL 32835	
City/State and Zip Code	
onetouch@onetouchconsulting.net	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
AURELIO NETO 407 779-4362	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee	Status & - by
Mailing Address: Registration Section Street Address: Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 NOY -2 PM 9: 26

ADVANCE CONSULTING USA LLC

SECRETARY OF TILL FALLAHASSEELE - -

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L19000254699	ere filed on 10/09/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
ADVANCE EXPRESS USA LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	ne 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:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	lress on our records, <u>enter the r</u>	ame of the new registered
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
 	Enter Florida street address	
 		
New Registered Office Address:		Zip Code
 		Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ED W. SANTOS DE OLIVEIRA	1415 W OAK ST #422298, KISSIMMEE, FL 34741	l ≣Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
		<u> </u>	🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

$\frac{2nd}{}$	Add	a	membe	Х					
								·	
			 -						
							<u>-</u>		
والمراجعة	of a Alamana	. 1	L	1!			,		
ffective dat If the da	e is listed, thate inserted	e date n in this	block does no	and cannot be	pplicable stat		than 90 day		Pursuant to 605.0 fill not be listed

Signature of a member or authorized representative of a member

RICARDO JOVINO DE MELO JR

Typed or printed name of signee