

Division of Corporations

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Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONTADOR SUNNY ISLES, COV, INC
Account Number : I20200200118
Phone : (770)928-2700
Fax Number : (770)928-2700

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRAZIL & USA TRADING LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

AUG 27 2020

H20000252994 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BRAZIL & USA TRADING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/05/2020 and assigned
Florida document number 120000154569

This amendment is submitted to amend the following:

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."

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 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:

Enter Florida street address

City, Florida 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

Page 1 of 3

H20000252994 3

H20000252994 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	PEIXOTO, FERNANDA	112 N 12TH ST #1315	☒ Add
		TAMPA, FL 33602	☐ Remove
			☐ Change
AMBR	BASTOS PINA, ROGERIO	112 N 12TH ST #1315	☐ Add
		TAMPA, FL 33602	☐ Remove
			☒ Change
AMBR	WADIH ARBEX PINA, ADRIANA	112 N 12TH ST #1315	☐ Add
		TAMPA, FL 33602	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

H20000252994 3



H20000252994 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

F. Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 405.0207 (3)(b) 1.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date in the Department of State's records.

(b) The 90th day after the record is filed.

Dated JULY 30TH

2020

Signature of a member or other representative of a member

ROGERIO BASTOS ~~PINA~~

Typed or printed name of agent

H20000252994 3