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Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number : I20160000060 Phone : (407)674-8969

Fax Number

: (407)674-8970

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4ADS MEDIA LLC

| Certificate of Status | 0 |
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 4ADS MEDIA LLC

The Articles of Organization for this Florida Limited Liability Company were filed on <u>05/19/2021</u> and assigned Florida document number: L21000233395

Article I

| ۸. | Il amending name, enter | he new name of the | limited liability compa | ny bere: |
|----|-------------------------|--------------------|-------------------------|----------|
| | | | | |

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Article []

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)

Article IV

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:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appaintment 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 metely 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 | Name | Address | Type of Action | |
|-----------|------------------------------------|------------------------------------------|------------------|----------|
| AMBR | FARRONI MARTINS, MARCELA | RUA ALMADEN, 130 BLOCO 11 APT 75 | REMOVE | |
| | | SAO PAULO, SP 05717-200 | ADD | |
| AMBR | DIAS DA SILVA, MATHEUS | RUA MACAXAS, 302, VILA NAIR | REMOVE | |
| | | 5AO PAULO, SP 04282-000 | ADD | |
| C. If ame | nding any other information, enter | change(s) here: (Attach additional sheet | s, if necessary. | <i>)</i> |

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: MKV 041 2022

MARCO DANIEL GOLDI - AMBR

MARCELA FARRONI MARTINS - AMBR

MATHEUS DIAS DA SILVA - AMBR