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Division of Corporations

Fax Number : (850)617-6383

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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 14. annual report mailings. Enter only one email address please.

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



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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

A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain the words "Limited L designation "LLC" or the abbreviation "L.L.C."	iability Company," the
Article II	~
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2025 JUI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7 PH 2:

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 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

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	Godoi, Marco Daniel	Rua Almaden, 130 Bloco 11 Apt 75, 5ão Paulo, SP 05717-200, BR	REMOVE ADD		
AMBR	Dias da Silva, Matheus	Rua Macaxas, 302, Vila Nair, São Paulo, SP 04282-00, BR	REMOVE ADD		
AMBR	Zezulka Machado, Humberto	Rua Almiscar, 120, #304, Florianopolis, SC 88032-300, BR	REMOVE ADD		
AMBR	Cenatti Gianni, Luigi	Rotermanni 14-32, 10111, Tallinn, Estonia	REMOVE ADD		
AMBR	Taroco, Douglas	Avenida dos Jardins, 100, Marilla, SP 17516-820, BR.	REMOVE ADD		
AMBR	Saynovich, Pedro	Rua Salvatina F.dos Santos, 257, Florianopolis, SC 88034-600, BR	REMOVE ADD		

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

E.	Effective	date, if	other	than	the o	date (of filling:	(0)	ptional	1)
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(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)

Humberto Zezulka Machado

Douglas Taroco

Luigi Cenatti Gianza

Pedro Saynovich