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Division of Corporations

Fax Number

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Account Name : UNION HSA LLC Account Number : 120150000070 Phone : (954)770-6227 Fax Number : (954)369-4446

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

Zi X D

Email Address:

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALEX TRANSPORTING 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 06/14/2021	_ and assigned
Florida document number L21000275704	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
DS BRAZIL ONLINE LLC	_
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre	viation "Lec."
Enter new principal offices address, if applicable:	007
(Principal office address MUST BE A STREET ADDRESS)	7 977 7 077
	₹ % 40
Enter new mailing address, if applicable:	S IAF
(Mailing address MAY BE A POST OFFICE BOX)	7
B. If amending the registered agent and/or registered office address on our records, enter the name agent and/or the new registered office address here:	of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Type of Action
AMBR	DIAS TEIXEIRA, ALEXANDRE	7990 SW 24 PLACE #207	■Add
		DAVIE, FL 33324	□Remove
			Change
·			🗀 Add
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Effective date, if other than t f an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific an block does not	id cannot be prior t meet the applica	o date of filing ble statutory	or more than 90 da	(optional) ys after filing.) Pur nis, this date will	suant to 605,020 not be listed a
e record specifies a delayed effec d is filed.	tive date, but no	ot an effective ti	ne, at 12:01 a	m. on the earlie	rof:(b) The 90	th day after the
Oated OCTOBER 11TH	0	2021	,	-		
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	Signature of a	member or autho	rized represent	tive of a member		

Filing Fee: \$25.00