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To:

Division of Corporations
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.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MADAN 13 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2022 MAY 25 PM 3:46

FILED

2022 MAY 25 AM 8:51

APPROVED
AND
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
MADAN 13 LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 08/27/2021 and assigned Florida document number: L21000385554

Article I

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."

Article II

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 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

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF DADE, FLORIDA

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

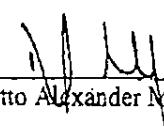
Title	Name	Address	Type of Action
AMBR	CAMPELO KRAYCHETE, LEONARDO	8266 NEMOURS PKWY	REMOVE <input type="checkbox"/>
		ORLANDO, FL 32827	ADD <input checked="" type="checkbox"/>
AMBR	OLYMPIO DA SILVA, MARIANA B	8266 NEMOURS PKWY	REMOVE <input type="checkbox"/>
		ORLANDO, FL 32827	ADD <input checked="" type="checkbox"/>

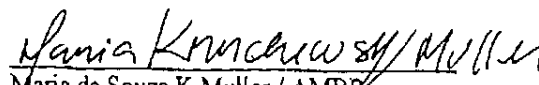
C. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*


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

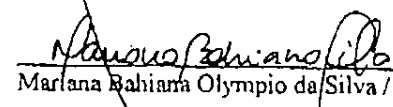
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: May / 24, 2022


Daniel Otto Alexander Muller / AMBR


Maria de Souza K Muller / AMBR


Leonardo Campelo Kraychete / AMBR


Mariana Bahiana Olympio da Silva / AMBR