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To:

Division of Corporations

Fax Number

: (850)617-6383

Fram:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)541-3980 Fax Number : (786)713-1940

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

Email:	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONNECTION IMPORT & EXPORT LLC

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17867131940

ARTICLES OF AMENDMENT TO:

ARTICLES OF ORGANIZATION OF.

From: TAXLEAF.COM CONTADORMIAMI.COM



CONNECTION IMPORT & EXPORT LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 12/13/2021	and assigned
lorida document number 1,21000524813		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	
		<u></u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered agent and/or the new registered office address here: 	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florala street address	
	, Floric	la
	City , 1 2010	la 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

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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

To: +18506176383

Title	<u>Name</u>	Address	Type of Action
AMBR	OLIVEIRA DA ROCHA, ALEX \$	1549 NE 123RD ST	□Add
		NORTH MIAMI, FL 33161	≡Remove
			∐Change
MBR	FRIZEIRA RODRIGUES, FILLIPI	1549 NE 123RD ST	□ Add
		NORTH MIAMI, FL 33161	≣Remove
			□Change
MGR	CONTADOR MANAGEMENT SERVICES INC	1549 NE 123RD ST	≐ ∧dd
		NORTH MIAMI, FL 33161	□Remove
			□Change
			LAddra To Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			[]Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) THE PROPERTY OF E. 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 605,0207 (3)(b) 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 on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated JANUARY 20TH Signature of a member or authorized representative of a member

FLOR MEDINA
Typed or printed name of signee