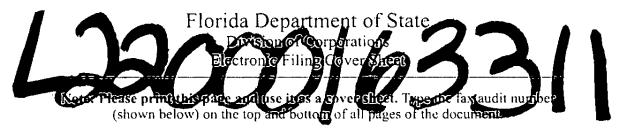
Page: 1

11/13/2023 03:36 PM TO:18506176383 FROM:4074125926

11/13/23, 3:33 PM

Division of Corporations



(((H23000392871 3)))



H230003928713ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC

Account Number : 120210000039 Phone : (407)374-2329 Fax Number : (407)412-5926

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

TEmail Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OSS EUA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

EZOZ 41 AON T. LEMIEUX Page: 4 11/13/2023 03:36 PM TO:18506176383 FROM:4074125926

COVER LETTER

٠,

TO: Registration S Division of Co					
OSS EUA	LLC				
SUBJECT:		ited Liability Company	.,		
	f Amendment and fee(s) are sub condence concerning this matter				
	CLEITON CARDOSO				
		Name of Person	.		
	DOMINIUM CONSULTING SERVICES				
		Firm/Company			
	6965 PIAZZA GRANDE	AVE - SUITE 206			
		Address			
	ORLANDO FLORIDA 32	2835			
	INFO@DOMINIUMCS.CO	City/State and Zip Code			
		to be used for future annual report notifi	cation)		
For further information	concerning this matter, please ca	all:			
CLEITON		407 374-2329			
Name	of Person	at ()	Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Page: 5 11/13/2023

03:36 PM

TO:18506176383 FROM:4074125926

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OSS EUA LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 04/05/2022 and assigned
Florida document number 1.22000163311	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
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)	
	, , , , , , , , , , , , , , , , , , ,
TO 15 11 11 11 11 11 11 11 11 11 11 11 11	E of the new
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the new
	; :
Name of New Registered Agent:	
New Registered Office Address:	· ယ · ဟ
	Enter Florida street address
	, Florida
	City 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

Page: 6 11/13/2023 03:36 PM TO:18506176383 FROM:4074125926

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Marcelo Barros de Albuquerque	Alameda Coimbra 302	
		Braganca Paulista, São Paulo	☐ Remove
		Brazil - 12916357	☐ Change
			Add
			□ Remove
			Change
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
			☐ Remove
			Change

-					
-					
-					
-					
-	 				
-		············			
			-		
_					
-					
-					
-			·		
-			 	· 	
-				<u> </u>	
-	<u></u>				
-					
Note:	ive date, if other than the defective date is listed, the date must. If the date inserted in this blockent's effective date on the Department's	ck does not meet	the applicable statutor;	(op g or more than 90 days at v filing requirements, t	tional) ter filing.) Pursuant to 605.020 his date will not be listed a
	cord specifies a delayed 90th day after the reco		, but not an effect	ive time, at 12:01	a.m. on the earlier o
Dated	11/13/2023	2	023		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00