Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOMUS GLOBAL TAX ADVISORS LLC

Account Number : I20200000162 Phone : (407)334-7001 Fax Number : (407)743-3888

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

GGCEmail Address: fernanda@domusglobaltax.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **TODOS US LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

OCT 12 2023

COVER LETTER

TO: Registration S Division of Co					
TODOS U	S LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	FERNANDA FIGUEIRE				
	Name of Person				
	DOMUS GLOBAL TAX	ADVISORS LLC			
	Firm'Company				
	15815 SHADDOCK DR STE 120				
		Address			
	WINTER GARDEN, FL.	34787			
	···	City/State and Zip Code			
	FERNANDA@DOMUSG				
I calculate at a		to be used for future annual report no	tification)		
For further information of	concerning this matter, please c	alt:			
FERNANDA FIGUEIREDO		407 334 7001 at ()			
Name c	of Person	at ()at ()at ()	ne Telephone Number		
Enclosed is a check for t	he 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 raddinonal copy is enclosed)		
Mailing Address		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TODOS US LLC			
(<u>Name of the Lin</u>	iited Liability Comj (A Florida Limited	pany as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited	Liability Compan	y were filed on 04/05/2023	and assigned
Florida document number L23000169849	,·		<u> </u>
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	olity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			2€
			23(
			7 - 7
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			
			-
			09
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	address on our records, <u>ente</u>	er the name of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street addr	Serv.
			Florida
		Сиу	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 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
MGR	ALTAIR DE J V GUIMARAES	15815 SHADDOCK DR STE 120	≣ Add
		WINTER GARDEN, FL 34787	□Remove
			□Change
			□Add
			□Remove
			[] Change
	- 		□Add
			□Remove
			🖾 Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A 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 \$2:01 a.m. on the earlier of, (b). The 90th day after the record is filed. Dated OCTOBER 11 Paulo Rogerio Fischer Roberti
Signature of a member or authorized representative of a member PAULO ROGERIO FISCHER ROBERTI Typed or printed name of signee