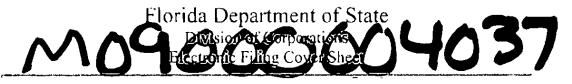
From: Lexus Wingo

4/21/22, 5:24 PM

Division of Corporations



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From:

Account Name : C T CORPORATION SYSTEM

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: (614)573-3996 Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAP WORLDWIDE, LLC

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT \* BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

<ol> <li>Name of limited liability Company as it appears</li> </ol>	s on the records of the Florida Departme	ent of		
State: TAP Worldwide, LLC				
Enter new principal office address, if applicable:				
( <u>Principal office address</u> MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2022 APR 22	
2. The Florida document number of this limited lia	bility company is: M09000004037	#### 	₹22	<u></u> ≥
2. The Francis document limber of this limited ha			D=	
3. Jurisdiction of its organization: DE			- <u>-</u> -	
4. Date authorized to do business in Florida: $\frac{10/13}{1}$	3/2009		=	
SECTION II (5-9 complete only the applicable o	changes)			
<ol> <li>New name of the limited liability company:</li></ol>	t contain "Limited Liability Company,"	"L.L.C.," or	·LLC.	`)
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mai must contain "Limited Liability Company," "L.L.C	naging members adopting the alternate r	in Florida and a name. The alter	attach a nate na	a ame
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac		he name of the	<u>new</u>	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida Street .	Address		
		rida	<del>.</del>	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ager the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity. I fur and complete performance of my duties, ered agent as provided for in Chapter 6 in the registered office address, I hereby	, and Lam fami 05, F.S. Or, if t	liar wi his	ith

itle/ Capacity			
	Nauce	Address	Type of Action
FO	Filipe Gomes DeSousa	400 W. Artesía Blvd	■Add
		Compton, CA 90220	©Remov
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aforementio	a certificate, if required: no more than 90 ned amendment(s), duly authenticated by under the law of which this entity is organ	the official having custody of records in the	□Remov

Filing Fee: \$25.00