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To:

Division of Corporations

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From:

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO		CORP	
DOCUMENT NUM	BER:		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	JULIA DA COSTA		
		Name of Contact Person	n
	TAX ONE CONSULTING	SERVICES, LLC	
		Firm/ Company	
	707 W OAKLAND AVE SU	JITE 3217	
		Address	
	OAKLAND, FL. 34787		
		City/ State and Zip Cod-	e
	SERVICES@TAXONEC.CO	OM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea		800 1041
		at (_) 800-1041
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address indinent Section sion of Corporations Box 6327 ihassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed with the Florida	Dept. of State)
22000003993		-
(Document Number	er of Corporation (if known))
ursuant to the provisions of section 607.1006, Florida Statutes, Il s Articles of Incorporation:	his <i>Florida Profit Corporat</i>	ion adopts the following amendment(s
. If amending name, enter the new name of the corporation:	į	
US SERVICES USA INC		The new
ome must be distinguishable and contain the word "corporation, Inc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.	A professional corporat A."	ited" or the abbreviation "Corp"
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	N/A	
)24.
Fatar now writing address if and the black		.>
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	<u>~</u>
		• ;
		1.3
		7V=
If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	ddress in Florida, enter th	e name of the
N/A	ess:	
Name of New Registered Agent		
	street address)	
New Registered Office Address: N/A		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Age	ent.	
nereby accept the appointment as registered agent. I am familia	ir with and accept the oblig	ations of the position.

Signature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change				202
Add				2024 ATT
Remove				2
2) Change				
Add				1,9
Remove 3) Change		_		£
Add				
Remove			<u> </u>	
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary). (Be specific)	
4	

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Management and the second seco	
If an amendment provides for an exchange, reclassification, or cancellation of issued sha provisions for implementing the amendment if not contained in the amendment itself:	ires,
(if not applicable, indicate N/A)	
4	
	· -

•

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	· · <u>·</u>
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were as action was not required.	dopted by the incorporators, or board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	,
☐ The amendment(s) was/were approvided for must be separately provided for	optoved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	u
	st for the amendment(s) was/were sufficient for approval	2024 ATT
by	(voting group)	
Dated_08/21/	2024	• •
Dated	athrs	. .
(By a se le et	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	EBERTH JOSE DE SOUZA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

• • •