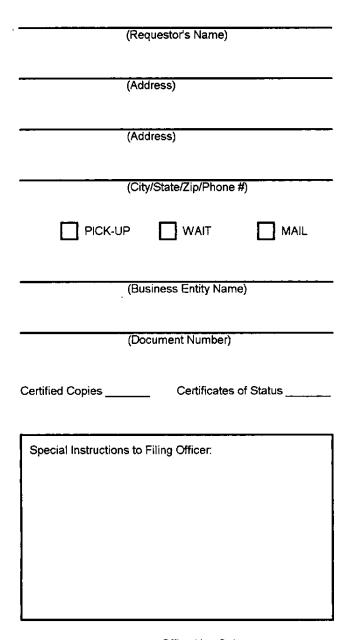
L13000050470



Office Use Only



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SECRETARY OF STATE

N. Outilgan JUL 23 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

WENGEN USA LLC

SUBJECT: VYLINOLIN

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA SANCHO

Name of Person

WENGEN USA LLC

Firm/Company

20533 BISCAYNE BLVD #1313

Address

AVENTURA, FL 33180

City/State and Zip Code

cemfrance2@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana Sancho

786,333-6066

Name of Person

Area Code & Daytime 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

FILE'D

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SECRETARY OF STATE **OF**

2013 JUL 22 PM 1: 48 TALLAHASSEE, FLORIDA

WENGEN USA LLC (Name of the Limited) (A	Liability Compar Florida Limited L	ny as it now appears on our r iability Company)	ecords.)	
The Articles of Organization for this Limited Li Florida document number <u>L13000050470</u>	ability Company	were filed on 04/05/2013	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company," the de	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applic	able:	20533 BISCAYNE B	LVD #1313	
(Principal office address MUST BE A STREE	T ADDRESS)	AVENTURA, FL 33180		
Enter new mailing address, if applicable:		20533 BISCAYNE B	LV #1313	
(Mailing address MAY BE A POST OFFICE)	ROX)	AVENTURA, FL 331		
B. If amending the registered agent and/oregistered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	MIAMI ACC		RVICES LLC	
non registered office radioss.			a street address	
	MIAMI		Florida 33132	
		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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	JOAN GARCIA SANCHO	20533 BISCAYNE BLV #131	3 🗸 Add
		AVENTURA, FL 33180	Remove
	-		_
			Add
			Remove
			Add
			Add Remove
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			Remove
			Add
			Remove

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
_	
-	
d	
	Signature of a member or authorized representative of a member
	ANA SANCHO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

ANS JUL 22 PM 1: 48
SECRETARY OF STATE