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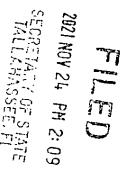
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Y. SCOTT DEC 1 1 2021

COVER LETTER

TO: Registration Se Division of Cor						
	CHNOLOGIES USA LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	indence concerning this matter	to the following:				
	MICHEL DE AMORIM					
		Name of Person				
	DRUMMOND CONSULT	TING LLC		SECR	2021 N	
		Firm/Company			AO	
	601 Brickell Key Drive, St	aite 901		1350 1350 1350 1350 1350 1350 1350 1350	2021 NOV 24 PH 2: 09	
		Address		SES SES	3	1
	MIAMI, FL 33131			. FINE	20 :5	,
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		, , ,	رد.	
	COMPLIANCE@DRUMN					
	E-mail address: (to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please co	all:				
Janainny Freitas		617 8489492 at ()				
Name o	î Person		e Telephone Number			
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificate Certified (radditional c	e of Status Copy		
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction			
Division of C		Division of Cor				
P.O. Box 632	7	The Centre of T	Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· Company as it now appears on our records Limited Liability Company)	<u></u>)
ompany were filed on	and assigned
ed liability company here:	
ed Liability Company," the designation "LLC"	
ESSS)	ZBZI NOV.
	PH 2: 09
office address on our records, <u>enter</u> (the name of the new regist
Enter Florida street address	
F1	• 1
Flo	rida Zip Code
	ed liability company here: ed Liability Company," the designation "LLC" ESS) Enter Florida street address Florida street address

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

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>Name</u>	Address	Type of Action
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		□Change
		□Add
		SECULATION P. 171
	·	SSO P III
		SE S Range
	<u> </u>	□Change
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	Name	Name Address

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			_ (optional)
ve date, if other than the date to the date is listed, the date must be	e specific and cannot be prior to date o	f filing or more than 90	days after filing.) Pursuant to 6
If the date inserted in this block ent's effective date on the Depa	k does not meet the applicable sta	tutory filing requirem	ents, this date will not be li
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and exactline a dalayed e	effective date, but not an e	ffectivé time at i	12:01 a.m. on the ear
90th day after the recor	d is filed.	i i	
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October 10th	2021	• .	
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	gnature of a member or authorized re		

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