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COVER LETTER

	ivision of Cor						
~~~		PROPERTIES LLC					
SUBJECT	:	Name of Limi	ted Liability Company	<del></del>			
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please retu	m all correspo	ndence concerning this matter	to the following:				
		MIGUEL KARPEL					
			Name of Person				
			Firm/Company	<del></del>			
	11098 BISCAYNE BLVD STE 401-G						
		MIAMI, FL 33161	Address				
			City/State and Zip Code				
		MKARPEL@GMAIL.COM					
For further	information c	E-mail address: (concerning this matter, please concerning this matter, please concerning this matter)	to be used for future annual report not all:	hfication)			
BRIAN BI	USSEY		954 804-5363				
	Name o	f Person	Area Code Daytir	ne Telephone Number			
Enclosed is	s a check for ti	ne 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)			
	Regista Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corporation Building Clifton Building 2661 Executive Country Tallahassee, FL 3	orations Center Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AWA USA PROPERTIES LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
he Articles of Organization for this Limited Liability Company were filed on $\frac{1/10}{100}$	0/2018 and assigned
lorida document number L18000009698	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company her	<u>re</u> :
WA USA ENTERPRISE LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	201
•	
Principal office address MUST BE A STREET ADDRESS)	
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	
	in
New Registered Office Address:	our records, enter the name of th
	ida street address
	, Florida

## 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 Type of Action <u>Address</u> <u>Name</u> Title □ Add ☐ Remove □ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ¹. ☐ Remove _t□ Change □ Add

□ Remove

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fective date, if other than th	e date of filing:			(optional)	
	est be specific and can	not be prior to date of	filing or more than 90	days after filing.) Pu	rsuant to 605.02
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