## LZ0000C4Z9ZZ

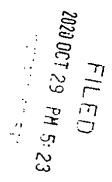
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000354068420

10/29/20--01014--005 \*\*25.00



12/1/20

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

AITH USA	ALLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yamina Sebbah		
		Name of Person	<u></u>
	AITH USA LLC		
		Firm/Company	
	11071 Marin street		
		Address	<del> </del>
	Coral Gables FL 33156		
	mo@mazilli.com	City/State and Zip Code	<del></del>
		to be used for future annual report n	notification)
For further information c	oncerning this matter, please ca	all:	
Mohamed Merabet		786 9705399	
No.	d'Person	at () Area Code Days	time Telephone Number
Name o	er retsou	Area Code Pray	time retemble Number
Enclosed is a check for the	he 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 Addres		Street Address:	
Registration S Division of C		Registration S Division of C	
P.O. Box 632	-	The Centre o	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AITH USA LLC		
(Name of the Limite	ed Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Li.  Elorida document number 1.20000042922		and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	2020 (
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLo	C" or the abbreviation "L.T.A"."
Enter new principal offices address, if applica	able:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREE	T ADDRESS)	
		5: 23
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE A	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address		r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	288
	, F	lorida
	Ciry	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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Yamina Sebbah	11071 Marin street	
		Coral Gables FL 33156	<b>=</b> Add
			Remove
			2020 OC
			00 00
			Remove
			— ☐☐Cominge
		<del></del>	cb] Add
			Remove
			Change
<u> </u>			□ Add
			<b></b>
			□ Remove
			Change
			DAdd
			□Remove
			□Change
			DAdd
			□Remove
			□ Chausa

				- <del></del>				<del></del>
							-	
						·		
	_							
								2020
	<u>.</u>			<del></del>			<u></u> ÷.	
							· . :	0CT
								LE
							7.5	3. C
					<del>-</del>		•	<u> </u>
	<u> </u>	·						23
				· -		_	<u> </u>	
				<u> </u>		· -		
						<u>-</u>		<del>-</del>
ote: If th	ne date inserted	than the date of the date must be spec- in this block does on the Departme	s not meet the a	applicable statu	filing or more the	(opt nan 90 days aft quirements. th	tional) er filing.) Pur nis date will	rsuant to 605.020 not be listed a
scument :		d effective date, b	ut not an effect	tive time, at 12	:01 a.m. on th	e earlier of: (	(b) The 90	th day after the
record sp	ecifies a delaye							
record spo	ecifies a delaye /26/2020							
record spanis filed.	/26/2020			<del></del>				
record spanis filed.	/26/2020		<del></del> ,					
record spanished.	/26/2020		e of a member or	r.authorized Tepr	> resentative of a	member		