L05000095174

(Re	equestor's Name)			
(Ac	ddress)	<i>t-</i> •		
(Ac	ddress)			
(Ci	ity/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
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C. LEWIS NOV 2 4 2009 EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp	tion ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	48	•	
SUBJECT:	P.D.E	.X., USA LLC	•	
		ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are su	bmitted for filing.		
Please return all correspon	dence concerning this matte	r to the following:		
	D	DORA R. GOMEZ, ESQ.		
		Name of Person		
	LAW OFFICES OF DORA R. GOMEZ, P.A.			
		Firm/Company		
	1545	50 NEW BARN RD. #30	2,	
		Address		
	MI	AMI LAKES, FL. 33014		
		City/State and Zip Code		
	F-mail address:	lodoragp@aol.com to be used for future annual report	notification	
For further information cor	ncerning this matter, please		iouneanon)	
DORA R.	GOMEZ, ESQ.	at (305)	822-1230	
Name of p	Person	Area Code & Da	rytime Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Registrati	IG ADDRESS: ion Section of Corporations	STREET/CO Registration So Division of Co Clifton Buildir	rporations	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2009 NOV 23 PM 1 31

P.D.E.X.,	USA LLC SECRETARY OF STATE		
(Name of the Limited Liability Compa (A Florida Limited I	USA LLC INV as it now appears on our records CRETARY OF STATE Liability Company) TALLAHASSEE. FLORIDA		
The Articles of Organization for this Limited Liability Company			
Florida document numberL05000095174			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	2901 Florida Ave.		
(Principal office address MUST BE A STREET ADDRESS)	Penthouse #3		
	Miami, Fl. 33133		
Enter new mailing address, if applicable:	2901 Florida Ave.		
(Mailing address MAY BE A POST OFFICE BOX)	Penthouse #3		
	Miami, Fl. 33133		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			
0004 Florid	2 Ave. Ph #3 Miami El 33133		
New Registered Office Address: 2901 Florida Ave., Ph #3, Miami, Fl. 33133 Enter Florida street address			
	, Florida		
	City Zip Code		
Now Degistered Agent's Signature if changing Pegistered Agents			

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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Domaria
			T Domovo
			Add Remove
· .			Add Remove
	 		AddRemove
			AddRemove
D. If amen	ding any other information,	enter change(s) here: (Attach additional sheets, if nece	essary.) •
			<u> </u>
	November 4		7109 S.F.
	·	e of a member of authorized representative of a member Gaston Eduardo Dominguez Moreno	FILED PN 18 31 2009 NOV 23 PN 18 31 SECRE ARY OF STATE TALLAMASSEE, FLORID
		Typed or printed name of signee Page 2 of 2	F STATE
		Filing Fee: \$25.00	<u>~</u> '