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(Requestor's Name)				
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COVER LETTER

TO:	Registration Se Division of Cor						
SUBJE	NPE USA	LLC					
		Name of Lin	nited Liability Company				
		Amendment and fee(s) are sub	_				
Please r	eturn all correspo	endence concerning this matter	to the following:				
		Paula Barnett					
			Name of Person				
		Pino Nicholson, PLLC					
			Firm/Company		_		
	P.O. Box 1511						
			Address		- 		
		Orlando, FL 32802			2018 JUL ALLANA ALLANA	FEET W	
		derken Franksid					
		pbarnett@pinonicholsonlav E-mail address: (to be used for future annual report noti	fication)	ကြင့် ပော ကြင့်	1	
For furtl	ner information c	oncerning this matter, please c	all:		A D		
Paula B			407 956-4245 at ()		· 3년		
	Name o	f Person	Area Code Daytim	e Telephone Numbe	er		
Enclose	d is a check for th	ne following amount:					
\$25	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NPE USA LLC						
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)				
The Articles of Organization for this Limited Liability Company	y were filed on July 24, 2006	and assigned				
Florida document number L06000073178						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lial	bility company here:					
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	.LC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	4767 New Broad St.					
Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32814					
		THE CO.				
Enter new mailing address, if applicable:	4767 New Broad St.					
Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32814	01: <u>0</u>				
		The first time				
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		rds, enter the name of the ne				
Santa de difference de differe	<u></u> .					
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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	******		Add
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Iffective date, if other than the an effective date is listed, the date must Note: If the date inserted in this blockward in the Defective date on the Defective date.	be specific a ck does not	nd cannot t meet the	e applicat					filing.) Pu		
e record specifies a delayed The 90th day after the reco			but not	an effe	ctive tin	ne, at 1	2:01 a	.m. on	the ea	arlier of
Dated July 13		201	6	-· _						
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Filing Fee: \$25.00