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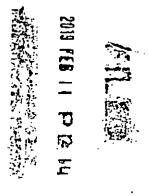
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COVER LETTER

Division of Co			
SERDY U			
30b312C1.	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARC LABOSSIERE		
		Name of Person	
		Firm/Company	
	2637 N ANDREWS AVE	NUE	
		Address	
	WILTON MANORS FL 3	33311	
	MARC@CPAMARC.COM	City/State and Zip Code	
	E-mail address; (to be used for future annual report notific	cation)
For further information	concerning this matter, please c	all:	
MARC LABOSSIERE		954 763-4214	
Name	of Person		Telephone Number
Enclosed is a check for	the 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 ADDRESS:

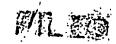
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2001 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.

SERDY USA LLC



	(A Puotoa Limieti Laibinty Company)	ZUIS FEB II P DE HU
The Articles of Organization for this Limited		
Florida document number L06000097416		THE RESERVE OF THE PARTY OF THE
This amendment is submitted to amend the fo	ollowing;	
A. If amending name, enter the new name	of the limited liability company here:	
AA+evt USA LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	licable:	
Principal office address MUST BE A STRE	EET ADDRESS)	
Mailing address MAY BE A POST OFFICE	E BOX)	
Enter new mailing address, if applicable: Mailing address MAY RE A POST OFFICE	F ROV)	
B. If amending the registered agent and registered agent and/or the new registered	d/or registered office address on our r office address here:	ecords, enter the name of the
Name of New Registered Agent:	MARC LABOSSIERE	
New Registered Office Address:	2637 N ANDREWS AVENUE	
	Enter Florida street	t address
	WILTON MANORS	, Florida ³³³¹¹

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 addor removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			C Remove
			Change
			D Add
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_____ Change

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Filing Fee: \$25.00