

L 08000034179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

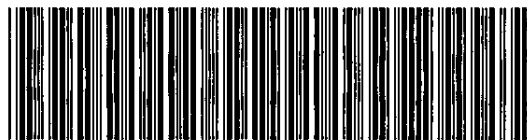
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700263708697

09/02/14--01013--022 **25.00

FILED

14 SEP - 2 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EM
9/11/14



CHAMPAGNE
LAW FIRM, P.A.

August 26, 2014

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Client: Dasaro USA, LLC

Dear Sir or Madam :

Enclosed please find the following: (1) Articles of Amendment of Dasaro USA, LLC; and (2) a check for \$25.00 as the filing fee. Please process the enclosed.

If you have any questions regarding this matter, please feel free to contact the undersigned. Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read 'MJC', is written over the typed name.

Martin J. Champagne, Jr.

MJC/sp
Enclosures as noted

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

Dasaro USA, LLC

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

The Articles of Organization for this Limited Liability Company were filed on April 3, 2008 and assigned
Florida document number L08000034179.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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

MGR = Manager
AMBR = Authorized Member

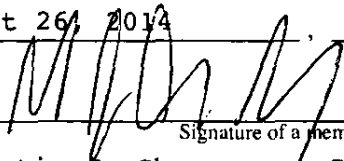
14 SEP -2 PM 3:55
Add
Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 26, 2014



Signature of a member or authorized representative of a member

Martin J. Champagne, Jr. as authorized representative

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 SEP -2 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA