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| Special Instructions to | Filing Officer: | | | |
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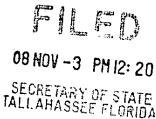
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COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|--|------------------------------------|---|--|---|
| SUBJI | rot. | N&D ASSO | CIATES USA LLC | _ |
| SUBJI | | | | F. San |
| • | | | | , d |
| The en | sclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| | | ondence concerning this matter | _ | |
| | | | | |
| | | | OMMAR F DIAZ | |
| | | | (Name of Person) | |
| | | N | & D ASSOCIATES USA LLC | |
| | | | (Firm/Company) | |
| | | | 103 NE 3er AVENUE | |
| | | | (Address) | |
| | | | MIAMI, FLORIDA 33132 | |
| | | | (City/State and Zip Code) | |
| For fur | ОММА | oncerning this matter, please c | at (_305) 371-2208 | |
| | (Name o | of Person) | (Area Code & Daytime T | Telephone Number) |
| Enclos | ed is a check for the | ne following amount: | | |
| ☑ \$25 | 5.00 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 | | ation Section n of Corporations ox 6327 | STREET/COURIER Registration Section Division of Corporation Clifton Building | ons |
| • ••• | l allaha | ssee, FL 32314 | 2661 Executive Cente Tallahassee, FL 32301 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| • | | MODEL FLORIDA |
|--|--|-----------------------------|
| | CIATES USA LLC | |
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears on our records.) ted Liability Company) | |
| The Articles of Organization for this Limited Liability Comp | pany were filed on JULY 8, 2008 | and assigned |
| Florida document number <u>L 08000066139</u> | | |
| 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 "L.L.C." | Limited Liability Company," the designatio | n "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | <u></u> | |
| | | |
| Enter new mailing address, if applicable: | 103 NE 3er AVENUE | |
| (Mailing address MAY BE A POST OFFICE BOX) | MIAMI, FLORIDA 33132 | |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | | er the name of the new |
| 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 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 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 = Manager

MGRM = Managing Member

Title Name | **Address Type of Action** MGR MARIA M DIAZ 141 NE 3 rd AVE SUITE 406 **□** Add Remove MIAMI, FLORIDA 33132 ☐ Add Remove r¶ Add Remove _ Add Remove _ Add Remove Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) T 1/2/1/2004 i Imates OCTOBER 28 Signature of a member or authorized representative of a member OMMAR F DIAZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00