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COVER LETTER

Divis	sion of Cor	porations			
SUBJECT:	DDL Intern	ational U.S.A. LLC			
3003661.		Name of Limited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		John F. Hotte, Esq.			
			Name of Person		
		Krinzman Huss Lubetsky			
		······································	Firm/Company		
		110 SE 6th Street - Floor 2	20		
			Address		
		Fort Lauderdale, FL 33301	ı		
		•	City/State and Zip Code		
		jfh@khllaw.com			
		E-mail address: (to be used for future annual report notif	lication)	
For further in	formation co	oncerning this matter, please ca	all:		
Linda Lacerto	osa		954 761-3454		
Name of Person			: Telephone Number		
Enclosed is a	check for th	e following amount:			
■ \$25,00 Fi	ling 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

TO:

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

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

DDL International U.S.A. LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records. imited Liability Company))
The Articles of Organization for this Limited Liability Cor	mpany were filed on 2/4/2009	and assigned
Florida document number 1.09000011863	·	
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.I.,C."
inter new principal offices address, if applicable:	 	
Principal office address MUST BE A STREET ADDRE	<u> </u>	9
		e e e e e e e e e e e e e e e e e e e
		<u>C)</u>
nter new mailing address, if applicable:		至
Mailing address MAY BE A POST OFFICE BOX)		F
		9
. If amending the registered agent and/or register egistered agent and/or the new registered office address Name of New Registered Agent:		enter the name of the
Name of New Registered Agent.	 	
New Registered Office Address:	Enter Florida street address	
	, Flor	idaZin Code
	r nh.	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

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	John F. Hotte, Esq.	110 SE 6th Street - Floor 20	∃ Add
		Fort Lauderdale, FL 33301	☐ Remove
			Change
MGR	9191-3079 Quebec Inc.	3174 Rue Berthiaume	
		Laval, Quebec H7M 3L7 CANAD/	≅ Remove
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an effective (oter 1f the	te, if other than that is listed, the date date inspired in this	must be specific and	d cannot be prior	to date of filing o	more than 90 days	after tiling.) Pu	rsuant to 605.020
ocument's c	date inserted in this effective date on the	e Department of S	nect the applica State's records.	iole statutory ii	ing requirements	i. this date wil	not be listed a
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The 90th	day after the r	ecord is filed.	,			01 0.111. 011	ciic carrier (
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Typed or printed name of signee

Filing Fee: \$25.00