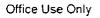
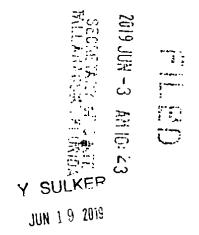
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## **COVER LETTER**

Division of C	Corporations	•	
end neet.	MARTEC SERVICES USA	A, LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del>.</del>
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Stuart A. Teller, Esq		
		Name of Person	<del></del>
	Stuart A. Teller, P.A.		
		Firm/Company	
	7320 Griffin Road, Ste 21	6	
	<del></del>	Address	
	Davie, Florida 33314		
	stuart@tellerlawoffice.com	City/State and Zip Code	
	<del>=</del>	to be used for future annual report notif	ication)
For further informatio	n concerning this matter, please c	all:	
Stuart A. Teller, Esq		954 327-3383 at ()_	
Nam	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or 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:

TO:

**Registration Section** 

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

MAR	RTEC SERVICES USA, LLC		
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	5/18/2009	and assigned
Florida document numberL09000047863	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the do	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	<del></del>	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			SECULATION -3
B. If amending the registered agent and registered agent and/or the new registered of	i/or registered office address on	our records, ente	r the name of the ne
Name of New Registered Agent:	Gianluca Aiazzi		
New Registered Office Address:	5200 S. University Drive, Ste 104		
Neglitered Street (todiess).	Enter Flori	da street address	<del></del>
	Davie	Florida	33328MGR
	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

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
MGR	ROBERTO FERRANTE	701 SW 94th Terrace	
		Pembroke Pines, Florida 33025	
			Remove
			Change
MGRM	GIANLUCA AIAZZI	5200 S. University Drive, Ste 104	Add
<del></del>	<del> </del>	Davie, Florida 33328	<b>—</b> Adu
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					5/31/2019				. •			
(If an effecti Note: If	tive date i `the date	s listed, the da inserted in t	the date of the must be speci his block does the Departmen	ific and ca s not mee	nnot be prior t the applic	cable statuto	ing or more ory filing re	than 90 days	optional after filin , this dat	g.) Pursua	nt to 605 t be liste	.0207 (3 ed as th
the recor ) The 90	rd spec Oth da	cifies a del y after the	ayed effect record is f	ive dat filed.	e, but no	ot an effe	ctive tim	e, at 12:0	)1 a.m	. on the	e earlie	er of:
Dated	1ay	K'	الب	, .	2019							
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	<del></del> -		Signatur	e of a mer	nber or auth	orized repres	sentative of	nember				
			Gianluca A	inggi								
			Chaintaca A		ped or print	_						

Page 3 of 3

Filing Fee: \$25.00