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ALL AHASSEE FISHER

J. BRYAN

DEC 1 0 2009

EXAMINER

COVER LETTER

	of Corporations				
SUBJECT:	APHRIA	CONSULTANCY U.S.A. LLC			
	Na	Name of Limited Liability Company			
The enclosed Arti	cles of Amendment and fe	e(s) are submitted for filing.			
Please return all c	orrespondence concerning	this matter to the following:			
		LUIGI A. FIGUEREDO Name of Person			
	A	APHRIA CONSULTANCY U.S.A. LLC.			
	091 SEC				
	AEC-				
		Address	9 DEC -9 PM 2: 17 ECRETARY OF STATE		
	MIAMI, FLORIDA 33185 City/State and Zip Code				
		muniziulia@hotmail.com	ATE RIDA		
For further inform	E-ma nation concerning this matt	ail address: (to be used for future annual report notification)			
Torraide inform	-	•			
JULIA M. MUNIZ Name of Person		at (305) 788-4073 Area Code & Daytime Telephone Number	τ		
Enclosed is a chec	k for the following amour	nt:			
▼ \$25.00 Filing	Fee \$30,00 Filing Certificate of	of Status Certified Copy Certified (additional copy is enclosed) Certified	ate of Status &		
MAILING ADDRESS: 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

APHRIA CONSULTANCY U.S.A. LLC.									
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)									
60 - 1 - 1 - 6 - 41 - 12 - 12 - 12 - 12 - 12 - 12 - 12									

The Articles of Organization for this Limited Liab	oility Company	were filed on OCTOB	ER 26, 200	9 and assigned			
Florida document numberL090001028			7	SE 30 -11			
This amendment is submitted to amend the follow A. If amending name, enter the new name of t		ility company here:	'r ?	FILED PH 2:			
APHRIA CONSULTANCY U.S.A. LLC.							
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the	designation "L	LC" The aboreviation			
Enter new principal offices address, if applicable:		16554 SW 50 TERRACE					
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FLORIDA 33185					
Enter new mailing address, if applicable:		16554 SW 50 TERF	RACE				
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FLORIDA 33185					
B. If amending the registered agent and/or registered agent and/or the new registered offi			ords, <u>enter t</u>	he name of the new			
Name of New Registered Agent:	JULIA M. MUNIZ						
New Registered Office Address:	16554 SW 50 TERRACE Enter Florida street address						
		MIAMI	, Florida	33185			
		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 PRES LUIGI A. FIGUEREDO 16554 SW 50 TERRACE MIAMILEL ORIDA 33185 Remove V-PR ROGER DUNN AV LA ENCLADA 1202 DPTO LIMA PE 33 Remove TREA **JULIA M. MUNIZ** 16554 SW 50 TERRACE MIAMI, FLORIDA 33185 ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Changing the name of President from LUIG TO LUIGI that was the reason for the changing It was missed spelled when the company was register. DECEBER 4, 2009 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00