L10000 23237

(Red	questor's Name)	
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SIGMA IN	VESTMENTS USA, LLC.		
Jobane I.	Name of Lin	nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	RAUL J. EIRIS		
		Name of Person	_ -
	SIGMA INVESTMENTS	USA, LLC.	
-		Firm/Company	<u> </u>
	7400 NW 79TH AVENUI	ę	
		Address	
	MIAMI, FL 33166		
		City/State and Zip Code	
	REIRIS@SIGMAEQUIPM		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	•
RAUL J. EIRIS		786 376-7302	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	na following amount		
■ \$25.00 Filing Fee	-	Fless on riv. n. a	
- 325.00 Fitting 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)
	ING ADDRESS:	STREET/COURI	ER ADDRESS:
	ation Section in of Corporations	Registration Section Division of Corpora	
	ox 6327	Clifton Building	**********

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIGMA INVESTMENTS USA, LLC.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L1000023237	were filed on FLORIDA	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	RAUL J. EIRIS	- - -
(Principal office address MUST BE A STREET ADDRESS)	7400 NW 79TH AVENUE	<u> </u>
	MIAMI, FL 33166	
•	-	<u>r.</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		. :
		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>en</u> <u>e</u> :	ter 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 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.

Changing Registered Agent, Signature of New Registered Agent

MGR = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u> RAUL J. EIRIS	Address	Type of Action
MGR	RAUL J. BIRIS	7400 NW 79TH AVENUE	_ ■ Add
		MIAMI, FL 33166	_ Add
			□ Remove
			Change
MGR	CARLOS E. GALLARDO	7400 NW 79TH AVENUE	Change
		MIAMI, FL 33166	□ D
			■ Remove
•			Chañge
·	-		Add
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ective date, if other than the date of fine effective date is listed, the date must be specific te: If the date inserted in this block does not be specificated in the specification determined to the sp	c and cannot be prior to do not meet the applicable	ate of filing or more than e statutory filing requir	(optional) 90 days after filing.) Purs cments, this date will	auant to 605,020 not be listed a
rument's effective date on the Department	of State's records.			
record specifies a delayed effectiv	re date, but not a	n effective time. a	it 12:01 a.m. on t	he earlier o
he 90th day after the record is file	ed.	3, 3		Salingi
, MAY 8TH	2019			
ed WAT OTT				
\ 1 1 L\				
· / M				
Signature o	of a member or authorize	d representative of a me	nber	

Page 3 of 3

Filing Fee: \$25.00