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TALLAHASSEE, FLORID:

MAY 1 8 2016 S. YOUNG

COVER LETTER

	gistration Section vision of Corpora					
ain in in a	FIVE FINGERS	USA, LLC				
SUBJECT:		Name of Limi	ted Elability Company			
The enclose	d Articles of Ame	ndment and fee(s) are subr	nitted for filing.			
Please retur	n all corresponden	ce concerning this matter t	to the following:			
	1	MARCELÖ SCHAMY				
	-		Name of Person			
	-		Firm/Company	 .		
	4	1770.Biscayne Blvd.#,1280			တ်	1771 0380
	أ	Mami, Fl 33 137	Address	•••	RFR 17	AHASSI AHASSI
	m	schamy@gmail.com	City/State and Zip Code.		MPR 17 PH 12: 5	E TLOS
For further	information conce	E-mail address: (t rning this matter, please ca	o'be used for future annual report notifica all:	ition).	5	<u>ज</u> िल
Marcelo Sc	hamy'		305 450-6220			
	Name of Pers	òn	Area Code Daytime T	elephone:Number		
Enclosed is	a check for the fol	llowing amount:				
\$25.00	Filing Fee 🗆	\$30,00 Filing Fee & Certificate of Status	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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tálláhássee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIVE FINGERS USA, LLC			
(Name of the Limi	ted Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited L	iability Company were f	iled on 03/14/2011	and assigned
Florida document number L11000031077			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability co	mpany here:	
The new name must be distinguishable and contain the	vords "Limited/Liability Com	pany;" the designation "ELC" of	l 5-m2
Enter new principal offices address, if applic	eable:		克
(Principal office address MUST BE A STREI	ET ADDRESS)		<u> </u>
			P TOL
			:S
Enter new mailing address, if applicable:			三
(Mailing address MAY BE A POST OFFICE			
IMMINIS MANIES WAT DE TROOP OF FICE	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
			<u> </u>
B. If amending the registered agent and	or registered office a	ddress on our records, o	enter the name of the new
registered agent and/or the new registered o		and the second of •	
Name of New Registered Agent:	CHENLO, GLORIA	OEMI	
New Registered Office Address:	200 SUnny Isles Blvd	#1503	
		Enter Florida street address	
•	Sunny. Isles	. Flori	da 33160
	Çi		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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
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			Remove
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	C.I	n (). T ()
Effec	tive date, if other than the date of filing: (optional)	
(If an e	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list.	.0207 ₁ (3
docu	nent's effective date on the Department of State's records.	eq as in
the re	cord specifies a délayed effective date, bût not an effective time, at 12:01 a.m. on the earlie	er of:
	e 90th day after the record is filed.	-i, Qi i
	.a	
D 4.	May 6 2016	
Date		
Date	MANANIET	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee