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S. WARREN AUG 1 8 2017

COVER LETTER

	egistration Sectivision of Corp			
SUBJECT		USA, LLC.		
SONGE	· 	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retui	rn all correspoi	ndence concerning this matter	to the following:	
		FREDERIC M BARTHE,	ESQ.	
			Name of Person	
			Firm/Company	
		17 SE 24TH AVE.		
			Address	
		POMPANO BEACH, FL 3	33062	
			City/State and Zip Code	
		FBARTHELAW@GMAIL		
		E-mail address: (t	to be used for future annual report notifi	ication)
For further	information co	oncerning this matter, please ca	all:	
FREDERI	C BARTHE		954 784-2800 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00	Filing Fee	S30.00 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 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**

VERLAINE USA, LLC.		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number L11000036183	y were filed on 03/25/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	office address on our rec	cords, enter the name of the n
eginered agent and or the new registered write aborets ne	<u></u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		Florida Zip Code

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 Accument is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited limbility 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

Title	<u>Name</u>	Address	Type of Action
VERONI	JEAN LOUIS BOZZA	5552 NE 31ST AVE.	Add
		FORT LAUDERDALE	■ Remove
		FL 33308	☐ Change
AMBR	VERONIQUE BRUYERES INZA	5552 NE 31ST AVE.	Add
		FORT LAUDERDALE	☐ Remove
		FL 33308	Change.
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
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The 9	•	,		0			
O.S	2/1.6		2017	λ.			
O.S	3/16	-\ <u>-\</u>		7			
O.S	3/16	F		/			17 AI
O.S		Signature	e of a member or	authorized represen	ntative of a member		17 AUG 1
		Signature BARTHE, ESQ.		authorized represen	ntative of a member	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FILED 17 AUG 17 PM

Filing Fee: \$25.00