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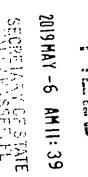
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## **COVER LETTER**

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our in		EXIMON HOLDINGS LLC					
SUBJE	CI: _	Name of Limited Liability Company					
			mendment and fee(s) are subi	_			
Please re	eturn al	I correspond	lence concerning this matter t	to the following:			
			ARACELIS JEANNETTE	E AGUILAR GONZALEZ			
			-	Name of Person	<del></del>		
Firm/Company							
	16850 COLLINS AVE, SUITE 112 #537						
	Address						
SUNNY ISLES BEACH FL 33160							
				City/State and Zip Code	<del></del>		
			INFO@USHABITAT.COM	A o be used for future annual report notil	i de la constanta de la consta		
For furth	ner info	rmation con	cerning this matter, please ca	•	ication)		
ARACE	ELIS JI	EANNETTE	AGUILAR GONZALEZ	305 510-9555			
		Name of P	erson	Area Code Daytime	: Telephone Number		
Enclosed	d is a cl	neck for the	following amount:				
■ \$25.	00 Filii	ng 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: 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

EXIMON HOLDINGS,LLC			
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears ned Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Comp	oany were filed on 04/	14/2011	and assigned
Florida document number L11000044442			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
US HABITAT GROUP LLC			
The new name must be distinguishable and contain the words "Limited I	liability Company," the de	esignation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:	6917 COLLINS	S AVE, SUITE 809	<u></u> -
Principal office address MUST BE A STREET ADDRESS	MIAMI BEACH	FL 33141	2019 SEC
			9 H =
			7
Enter new mailing address, if applicable:			SE ON I
Mailing address MAY BE A POST OFFICE BOX)			
			ाक 🚍 📞
			7 39 7 7 7 9
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address	d office address on here:	our records, enter	the name of the i
Name of New Registered Agent: ARACELIS	S JEANNETTE AGUI	LAR GONZALEZ	
New Registered Office Address: 6917 COL	6917 COLLINS AVE. SUITE 809		
	Enter Flori	ida street address	
MIAMI BE	ACH	Florida <u>33</u>	141
	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 Emited 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>	Address	Type of Action
MGR	ARACELIS JEANNETTE AGUILAR GONZALEZ		D Add
			☐ Remove
		6917 COLLINS AVE, SUITE 809 MIAMI BEACH FL 33141	Change
AMBR	SEBASTIAN RIERA	6917 COLLINS AVE, SUITE 1109 MIAMI BEACH FL 33141	Add
		<u></u>	□ Remove
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(If an effective of Note: If the	date inserted in this b	st be specific and cannot	e applicable statutory	(optional) g or more than 90 days after filing filing requirements, this date	μ) Pursuant to 605.0207 (3)(b)
If the record s (b) The 90th	specifies a delaye day after the rec	d effective date, toord is filed.	out not an effect	ive time, at 12:01 a.m.	on the earlier of:
Dated APRI	L 29th	. 201	9	auffa B	Tauli
		Signature of a member	or authorized represer		
6	917 COLLINS AVE,	SUITE 809 MIAMI	BEACH FL 33141	ARACELIS JEANNETTE AGUILAR GONZALEZ	SEBASTIAN RIERA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00