L11000051665

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filling Officer.				

Office Use Only



900207932629

05/25/11--01005--006 **30.00

SECRETARY OF STATE TALES AHASSEE: FLORIDA

C. LEWIS

MAY 2 6 2011

EXAMINER

CQVER LETTER

TO: Registration Sect Division of Corpo	ion orations	•			
Archer bit Corco	DANIEL INV	୍ଲା ESTMENT USA LL	С		
SORTECI:	Name of Lin	nited Liability Company	<u> </u>		
The enclosed Articles of A	mendment and fee(s) are su	bmitted for filing.			
Please return all correspond	dence concerning this matte	er to the following:			
	D	ANIELE LIBERATORI	=		
		Name of Person			
		Firm/Company			
	407 LINCOLN ROAD 8L				
		Address			
	MIAMI BEACH, FL 33139				
	City/State and Zip Code				
	MARCELLAMANCAMIAMI@GMAIL.COM E-mail address: (to be used for future annual report notification)				
CONTROL M. For further information cor		(12) 化环巴克斯托尔斯	or nouncemon)		
Danie	le Liberatore	at (305)	582-6466		
Name of I	Person	Area Code &	Daytime Telephone Number		
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	S60.00 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**

MILEU

20N HAY 25 PM 14 55

DANIEL INVESTI	MENT USA L	LC SEE	RETARY OF STATE	
(Name of the Limited Liability Compan (A Florida Limited Limit	iy as it now appear iability Company)	s on our records:)	AUMOSEE, FEURIDA	
·				
The Articles of Organization for this Limited Liability Company	were filed on	May 2, 2011	and assigned	
Florida document numberL11000051665				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :	I	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compa	ny," the designation "I	LLC" or the abbreviation	
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 off		ur records, <u>enter 1</u>	he name of the new	
registered agent and/or the new registered office address here	!			
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 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 Changing Registered Agent, Signature of New Registered Agent

. 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 Type of Action Address Title Name LIBERATORE, Roberto MGRM c/o 407 LINCOLN ROAD, 8L ✓ Add Remove MIAMI BEACH, FL 33139 PAITA, Michela MGRM c/o 407 LINCOLN ROAD, 8L ✓ Add MIAMI BEACH, FL 33139 Remove □ Add ☐ Remove Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MAII 23 2011 Signature of a member or authorized representative of a member DANIELE LIBERATORE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00