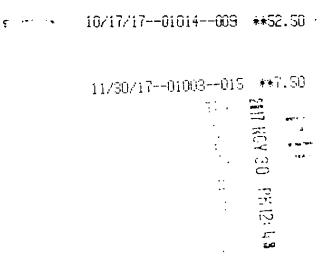
## L11000 145788

	(Requestor's Name)	·
	(Address)	<u> </u>
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
<u> </u>	(Document Number)	
Certified Copies	Certificates of S	tatus
Special Instructions	to Filing Officer:	
	<u>_</u>	

Office Use Only



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## **COVER LETTER**

	Registration Se Division of Cor			
eup ie		STMENT MANAGEMENT U	SA, LLC.	
SUBJEC	,1:	Name of Lim	ited Liability Company	······································
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Miguel Casanova		
			Name of Person	
		LW INVESTMENT MAN	AGEMENT USA, LLC.	
		<u></u>	Firm/Company	
		1111 Brickell Ave. Ste 210	00.	
		<del> </del>	Address	
		Miami, Florida, 33131		
			City/State and Zip Code	
		mcasanova@lwimusa.com	to be used for future annual report of	
For furth	er information e	oncerning this matter, please of	·	ottiicanon)
Miguel (	Jasanova		786 353-0038	
	Name o	f Person	at ()	ime Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing 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:

Annual State of the State of th

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



October 18, 2017

MIGUEL CASANOVA 1111 BRICKELL AVE STE 2100 MIAMI, FL 33131

SUBJECT: LW INVESTMENT MANAGEMENT (USA) LLC

Ref. Number: L11000145788

We have received your document for LW INVESTMENT MANAGEMENT (USA) LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 517A00021029

2011 NOW

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LW INVESTMENT MANAGEMEN	T USA, LLC.				
( <u>Name of the Limited</u> (A	Liability Comp Florida Limited	any as it now appears on our recor Liability Company)	<u>(ds.</u> )		
he Articles of Organization for this Limited Liab	oility Company	were filed on December 30, 20	011	_ and ass	igned
lorida document number 1.11000145788					
his amendment is submitted to amend the follow	ring:				
. If amending name, enter the new name of t	he limited liah	pility company here:			
MA.					
ne new name must be distinguishable and contain the word	ds "Limited Liab	lity Company," the designation "LLt	C" or the abbre	viation "L.	L.C."
nter new principal offices address, if applicab	de:	N/A			
Principal office address MUST BE A STREET.	ADDRESS)			<u>~3</u>	
			<u> </u>		e •
			÷		ا - مطبعد ا
nter new mailing address, if applicable:		N/A		30	
Mailing address MAY BE A POST OFFICE BOX)			••	,,	
			•	<u> </u>	· -
				-t-	
. If amending the registered agent and/or gistered agent and/or the new registered office	registered o	ffice address on our record	ls, <u>enter th</u>	e name (	of the
gaster of the new registerer office	e address ner	<u>c</u> .			
Name of New Registered Agent:	N/A				
New Registered Office Address:					
	_	Enter Florida street addre.	\$53		-
		FI	lorida		
		City		Zin 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

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
СТО	ROBERTO A. ZALLES	H111 Brickell Ave. Ste 2100	
		Miami, Florida, 33131	■ Remove
			☐ Change
CCO	ALBERTO BATISTA	1111 Brickell Ave. Ste 2100	
		Miami, Florida, 33131	-
			☐ Change
<u>COO</u>	MIGUEL A. CASANOVA	1111 Brickell Avc. Ste 2100	
		Miami, Florida, 33131	■ Remove
			☐ Change
CEO/CCO	PHILIP HENRIQUEZ	1111 Brickell Ave. Ste 2100	■ Add
		Miami, Florida. 33131	☐ Remove
			☐ Change
CFO	ANDRES BAEZ	1111 Brickell Ave. Ste 2100	<b>=</b> Add
		Miami, Florida. 33131	☐ Remove
			□ Chenry
PMO	NICOLAS ZALLES	H11 Brickell Ave. Ste 2100	= \delta(\frac{\pi}{2})
		Miami, Florida, 33131	Remove
			To Change

N/A			
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OCTOBER 02, 201	17		
fective date, if other than the date of filing:		, (optional) vs aller filing.) Purs	uant to 605.0
<u>ste:</u> If the date inserted in this block does not meet the applicable state cument's effective date on the Department of State's records.	tutory filing requiremen	its, this date will r	not be listed
coment's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an ef The 90th day after the record is filed.	ffective time, at 12	l:01 a.m. on t	he earliei
OCTODED O			
ted OCTOBER 02		. ,	<del>2</del> 3
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Signature of a mentor or authorized rei	presentative of a member		
Signature of a member of authorized rep	presentative of a member		V 30

Page 3 of 3

Filing Fee: \$25.00