## L12000015303

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T. HAMPTON

## **COVER LETTER**

		stration Secti ion of Corpo			
CUDIEC		QUE NOTA	A USA, LLC		
SUBJEC	1; _				
			mendment and fee(s) are submitte	-	
		·	Nestor L. Guillen	·	
				Name of Person	
			Globalbiz Tax & Busines	ss Consulting, LLC	
				Firm/Company	
			2250 SW 3rd Avenue, S	uite 500	
				Address	<del></del>
			Miami, FL 33129		
			· ·	y/State and Zip Code	
			nlguillen@globalbizes.co	OITI used for future annual report notification	1)
For furthe	er inf	ormation con	cerning this matter, please call:	asset for father annual report from some	,
Nestor	L. (	Guillen		305 831-4093	
		Name of P	erson	Area Code & Daytime Tele	phone Number
Enclosed	is a	check for the	following amount:		
\$25.00	0 Fil	ing 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)

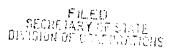
MAILING ADDRESS:

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



12 NOV 26 PM 2: 39

	NOT	A LIC	A 1		$\overline{}$
u	NOB	4 UJ	M. I	ᄔ	u

(Name of the Limited Liability Company as it now appears on our records.)

(A FI	orida Limited L	iability Company)	<u>- 10001,434</u> )	
The Articles of Organization for this Limited Liab Florida document numberL1200001530	oility Company	were filed on 02/01/20	12 and assigned	
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited liab	ility company here:		
The new name must be distinguishable and end with to "L.L.C."	he words "Limi	ted Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:	14541 SW 16th Str	eet	
(Principal office address MUST BE A STREET		Miami, FL 33175		
Enter new mailing address, if applicable:		P.O. Box 348249		
(Mailing address MAY BE A POST OFFICE BOX)		Coral Gables, FL 3	3234	
B. If amending the registered agent and/or registered agent and/or the new registered offic  Name of New Registered Agent:	e address here			
New Registered Office Address:	2250 SW 3rd Avenue, Suite 500			
New Registered Office Address.		Enter Flor	rida street address	
	Miami		_, Florida <u>33129</u>	
-		City	Zip Code	
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this cha	per and compl red agent as p sistered office ange.	lete performance of my deprovided for in Spapter of address I have by confir	lutils, and I am familiar with and 60g, H.S. Or if this document is	

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	PAREDES, LUIS F	726 VALENCIA AVENUE, APT 2	Add
		Coral Gables, FL 33134	Remove
			Add
			Remove
			Add
			Remove
<del></del>			Add
			Komovo
			Add
		* Man	Remove
			— 80 VON —
			Remove SCORE LARY STORE REMOVE Remove Remove Remove Remove Remove Remove Remove Remove 1348

If amending any other information, en	nter change(s) here: (Attach additional sheets, if necessary.)
·	
November 15th	2012
ed	_,
//	
Signature	of a member or authorized representative of a member
Juan Camilo Montoya	of a montoot of administration to promise of a monage
	Typed or printed name of signee

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Filing Fee: \$25.00