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M. MILLIGAN APR 25 2018

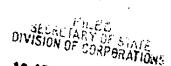
COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CT:	Name of Lin	JSA, LLC	
		Name of Lin	med training Company	
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
	•	Cris	TIAN G. AGUERO	>
		<u> </u>	POINT USA, LLC Firm/Company	
		<u>Zo25</u>	S.W. 22NO TEXY	PACE
•		M/x	City/State and Zip Code	
		CCISTIAN.A	GUERO SPMEDIA (to be used for future annual report notifi	CORP. COM
For furt	her information co	ncerning this matter, please c	all:	
	ristian	G. AGUERO	at (<u>305)</u> 527 Area Code Daytime	-6089
	Name of	Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for the	following amount:		
\$2 5	5.00 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: 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**



EXOTIC CAR	. SPA LL	C 10 APR 25	PH 3:51
(Name of the Limited Liability Com (A Florida Limited		n our records.)	
The Articles of Organization for this Limited Liability Compant Florida document number <u>L 12 0000 71189</u> .	y were filed onO	5/29/20	12 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	:	
SOUTH POINT USA, L	LC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the desig	gnation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:	2025	S.W. ZZ~	D TERRACE
(Principal office address MUST BE A STREET ADDRESS)	MIAMI	FL 3314	5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2025 MIAMI	5.W. 22~ FL 3314	o Temace
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	re :		<u>-</u>
Name of New Registered Agent:	RISTIAN C	3. Abuer	<u></u>
New Registered Office Address: 20	25 S.W.	22ND TEN	MACE
₩			23145
	Ciry	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	·		•

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> <u>Address</u> **Type of Action** RAMINO A. MELIDA 16950 N. BAY ROAD # 1505 DANS MGR SUNNY ISLES BEDGY, FL 33160 * Remove _ Change 16950 N. BAY ROAD #1505 DAdd RATIRO A. MELIDA SUNNY ISLES BEDGY, FL 33/60 (Remove □ Change CRISTIAN G. AGUENO ZOZS S.W. ZZNO TEMPOCE XXAG 716R 17/04/ FL 33/45 - Remove ☐ Change OLISTIAN G. AGUERO ZOZS S.W. ZZM TEMPOCE DEADL AMBR MIAMI, FL 33145 ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove

☐ Change

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			filing:		(o	ptional)	
ectivo	e date, if other	tnan the date of		prior to date of filing	or more than 90 days a	ufter filing.) Pursuant	to 605.0
effec	e date, if other tive date is listed, the	the date must be speci	fic and cannot be	policable statutory t	iling requirements.	this date will not b	e listed
effec <u>te:</u> If	tive date is listed, the date inserted	the date must be speci	ific and cannot be a not meet the ap	pplicable statutory f	iling requirements,	this date will not b	e listed
effec te: If umen	tive date is listed, the date inserted the date inserted the cate it's effective date	the date must be speci d in this block does e on the Departmen	tic and cannot be anot meet the apart of State's reco	oplicable statutory f ords.		this date will not h	e listed
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Filing Fee: \$25.00