# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000177723 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : USACORP INC. Account Number : 120130000019 : (718)362-4789 Fax Number : (718)408-2550

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		an	nual	repor.	t mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	**

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## **ALTOVIVA LLC**

Certificate of Status	0		
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Corporate Filing Menu

Help

7/22/2015 10:11 AMI

07/22/2015 10:15

From: AMENDMENT JOSEF STRAUSS

Page: 2/4

(((H15000177723 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALTOVIVA LLC	
(Name of the Limite	A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia Florida document number L12000100357	bility Company were filed	on 08/03/2012	_ and assigned		
This amendment is submitted to amend the follow	ving;				
A. If amending name, enter the new name of t	he limited liability comp	ony here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabili	ty Company," the designation "Ll	.C" or the abbreviation		
Enter new principal offices address, if applical	ole:				
(Principal office address MUST BE A STREET	ADDRESS				
			<del></del>		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u> </u>				
B. If amending the registered agent aud/or registered agent and/or the new registered of h		ess on our records, enter th	e name of the new		
Name of New Registered Agent:	Registered Agents I	egal Services, LLC			
New Registered Office Address: 155 Office Plaza Drive, Suite A  Enter Florida street address					
	Tallahassee	, Florida <u>323</u>	01		
	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 limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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MGR = Manager

From: AMENDMENT JOSEF STRAUSS

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = A	uthorized Member		
Title	Name	Address	Type of Action  Add  Remove
			Add
			TALLANIAS TARIDA
			RED A

37/22/2015 10:15 (((H150001777233)))	From: AMENDMENT JOSEF STRA	1988
***	ormation, enter change(s) here: (Attach addition	nal sheets, if necessary.)
_	nendment is to delete Article VI in its entirety from t	
E. Effective date, if other tha	n the date of filing: date must be specific and cannot be more than 90	(optional)  days after filing (605,0207 (3)(b)
Dated July 17	2015	
/s/ Abdul /	Hamid Shaikh	
	Signature of a member or authorized representative	e of a member
_Abdul_Hamid	Shaikh Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00