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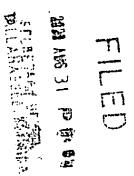
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## **COVER LETTER**

TO:

TO: Registration Sect Division of Corpo			
TER:	ZETTO US Name of Lim	A LLC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Julio CASTRO	
		Name of Person	· <del>·</del>
	Tis	MANAGER, L	LC
	4000 Ho	LLYWOOD BVD. Address	. SUITE 140-N
		Address	<del></del>
	HOLLY U	City/State and Zip Code	51
	E-mail address: (	FINKA REACTY. COM	ion)
For further information con	ncerning this matter, please co		
Julio	CASTRO	at (305) 627-3	152
Name of I	Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the	following amount:		
\$ \$25.00 Filing Fee       Second Control of the	□ \$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:		Street Address:	_
Registration Se Division of Co		Registration Section Division of Corpor	
P.O. Box 6327	-	The Centre of Talla	
Tallahassee Fl	32314	2415 N. Monroe St	treet Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TERZETT	TO USA, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	<del></del>
The Articles of Organization for this Limited Liability Company of Florida document numberL \2000 1\3804	were filed on09/05/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	200 no.	ž II
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4000 HOLLYUS SUITE 140-N HOLLYWOOD, FZ	<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	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 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>	<u>Address</u>	Type of Action
MGR	TEAN REM ESTA	TE HAMAGINISNI, LLC 4000 HOLL	y wood Bcos □Add
		SUITE 140 -N	Remove
		HOLL YWOOD, FE	ろ3021 OChange
MGR	TIS MANAGE	2, LIC 4000 HOLLY WOOD	BLUD. ( DAdd
		SUITE 140-N	□Remove
		HOLLY WOOD, F	2.33021 □Change
			□∧dd
			□Remove
		<del></del>	Change
	<del></del>		
			□Remove
		<del></del>	□ Change
			[] Add
			□ Remove
			Change
			□Remove
			□Change

am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
an e ote:	tive date, if other than the date of filing:
l is f	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
atec	AUGUST 24TH , 2020
	Signature of a member or authorized representative of a member
	JULIO CASTILO
	Typed or printed name of signee