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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:				
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SECRETARY OF STATE TALLAMASSEE, FORMS

MAR 1 7 2016 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor									
VERMEN	OUZE USA, LLC								
SUBJECT:	Name of Lim	ited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.							
Please return all correspo	ondence concerning this matter	to the following:							
	TROY H. MYERS, JR.								
		Name of Person	· · · · · · · · · · · · · · · · · · ·						
	ICARD, MERRILL, CUL	ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, P.A.							
		Firm/Company							
•	2033 MAIN ST STE 600								
		Address		တ ကြို့ - ကြို					
	SARASOTA, FL 34237			PH 12: 23					
		City/State and Zip Code	····	12 C					
	TMYERS@ICARDMERR			;; بن					
		to be used for future annual report notifi	canon)						
For further information c	concerning this matter, please c	all:							
TROY H. MYERS, JR.		941 953-8110 at ()							
Name o	f Person	Telephone Number							
Enclosed is a check for the	he following amount:								
\$25.00 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)						
	ING ADDRESS:	STREET/COURIE Registration Section							

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERMENOUZE USA, LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Liability Company were Florida document number	e filed on NOVEMBER 28, 2012 and	l assigned
rida document number L12000148868 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LL ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST RE A STREET ADDRESS)		16 AEE
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		- 하 - 성공(F
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
_		2
		ω ,,
B. If amending the registered agent and/or registered office	address on our records, enter the na	me of the nev
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
N D 1 1000 A 11		
New Registered Office Address:	Enter Florida street address	
	FD	
	, Florida City Zip C	ode
N D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	

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
MGR	Stephen Pileggi	16 S Orange Avenue	
		Sarasota, FL 34236	■ Remove
			☐ Change
		44 feda - 1	□ Remove
		 	☐ Change
			TALLAH/ 16 MARR
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Signature of a member or authorized representative of a member	representative of a member	memb	e of a	sentativ	represe	rized i	or autl	membe	ture of a	Sign	1		<u> </u>	_					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00