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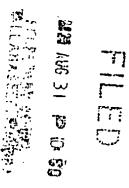
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COVER LETTER

TO: R	egistration ivision of C	Section orporations		
SUBJECT	KORE	ELECTRONICS, LLC		
		Name of L	imited Liability Company	
Th. I		•		
		f Amendment and fee(s) are so		
Please retui	n all correst	ondence concerning this matte	ter to the following:	
		MARTA M. FUERTES, C	CPA	
			Name of Person	
		MARTA M. FUERTES, C	CPA	
			Firm/Company	
		12186 SW 131 AVENUE	•	
		· · · · · · · · · · · · · · · · · · ·	Address	
		MIAMI, FL 33186		
			City/State and Zip Code	
		MMFUERTES@MFUER	TESCPA.COM	
For further in	iformation o	oncerning this matter, please o	(to be used for future amutal report notification) call:	
MARTA M. I	FUERTES, CI	PA .	at (_305)234-9860	
	Name o	Person	Area Code Daytime Telephone Number	
Enclosed is a	check for th	e following amount:		
№ \$ 25.00 F	iling Fee	C3 \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Reg Divi P.O.	ing Address istration S ision of Co Box 6327 ahassee, F	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KORE ELECTRONICS, LLC					
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea Liability Company)	rs on our records	J		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	01/15/2013		and a	ıssigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company h	ere:			
The new name must be distinguishable and contain the words "Limited Liabil:	ity Company," the o	designation "LLC"	or the abbi	eviation "	L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>			<u> </u>
					
			3	4.	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>		- n
	· · · · · · · · · · · · · · · · · · ·		10.18	- ယ -	
B. If amending the registered agent and/or registered office a	ddress on our r	ecords enter ti	he name	of the n	i pro portránia ta
agent and/or the new registered office address here:		200 03, <u>2012 1</u>	1	<u>ٿ</u>	
Name of New Registered Agent:			10	60	
New Registered Office Address:				·	
	Enter Flor	rida street address			
		, Flor	ida		
	City			Zip Code	2
New Registered Agent's Signature, if changing Registered Agent:					

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
MGRM	Alex Sandro Gomes da Paixao		□Add
	•	Gomes da Paixao, Alex Sandro Rua: Tuplritama, 434 Americanopolis, Sao Paulo - SP Cap 04337-000 BR	ZiRemove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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Effectiv f an effec Note: H	the date, if other than the date of filing:
-	nt's effective date on the Department of State's records.
locumer	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
ocumer	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
focumer record d is filed	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

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