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SECRETARY OF STATE.
TALLAHASSEF FI STATE

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COVER LETTER

Division of Cor	porations		
SUBJECT:	INTENSO USA,	LLC	
SUBJECT.		ted Liability Company	
		• • •	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
•	, and the second	J	
	FRANK CASTOR		
	•	Name of Person	
	FRANCIS X. CA	ASTORO, P.A. Firm/Company	
		1 mir company	
	5300 N FEDER	AT HITCHWAY	
	2200 N LEDEKA	Address	<u></u>
	FORT LAUDERDA	ALE, FL 33308	
		City/State and Zip Code	
	FCastoro@gma:	il com	
	E-mail address: (t	to be used for future annual report notifical	tion)
For further information of	oncerning this matter, please ca	511.	2015 SEC ALL,
Tor further information c	oncerning this matter, prease ea		AR SE T
FRANK CASTOR	O. ESO	at (954) 922-050	> 'O'
 	f Person	at (954) 922-050 Area Code Daytime Te	elephone Number
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			LOJ ATS
Enclosed is a check for the	ne following amount:		RATE 3
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	\$60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTENSO USA, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on03/05/2013 and assigned
Florida document number <u>L13000033423</u> .
This amendment is submitted to amend the following:
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 Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:
SEC SEC
Name of New Registered Agent:
New Registered Office Address:
City , Florida De 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

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	ALBERT J. MINIACI	1421 SW 31 AVE	Add
		POMPANO BEACH, FL 33069	Remove
			Change
MGR	MARIA MINIACI	1421 SW 31 AVE	Add
		POMPANO BEACH, FL 33069	□ Remove
			□ Change
			Add
			□ Remove
			Change
		SEO	Add
		ECRETARY OF STATE LLAH/SSEE. FLORIDA	Remove
		SEE, FE	Change
	<u></u>	ORIDA	Add
			Remove
			Change
			Add
			Remove
			□ Change

			 					
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Filing Fee: \$25.00