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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APR 2 0 2016 S. YOUNG

COVER LETTER

TO:		Registration Se Division of Cor			
CHID	n terze	т.	ABC GRO	UP USA LLC	
SUB	BJEC'	1:	Name of Limi	ited Liability Company	
The	enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	se ret	urn all correspo	ndence concerning this matter	to the following:	
				JOSE M. MARQUINA	
				Name of Person	
			MARQU	INA & LACK CONSULTORES, L	LC.
			··· 411 b 84	Firm/Company	
,	. وي 1 (1) لعلم	g)	2655	S LE JEUNE ROAD, SUITE 905	
	25	~	 	Address	
إدر:	유 유 프	P. 2	CC	ORAL GABLES, FL 33134	
<u>اند:</u> ز ند :	と記る	6		City/State and Zip Code	
				LIDAD@MARQUINALACK.CO	
1	ĽŠ.		•	to be used for future annual report notif	ication)
For	firthe	r infamation c	oncerning this matter, please ca	all:	•
	JC	OSE M. MARQ		305 448-6161 at ()	
		Name o	f Person	Area Code Daytime	Telephone Number
Encl	losed	is a check for th	ne following amount:		
	\$25.0	0 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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABC GROUP	USA LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appear: Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL13000040890	· · · · · · · · · · · · · · · · · · ·	02/10/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	3 P.S.
			节星
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:	2655 S LE JEUN	NE ROAD, SUITE 905	9 St. 6
(Principal office address MUST BE A STREET ADDRESS)	CORAL GABLE	ES, FL 33134	3 70
			? On S
			اچ و
Enter new mailing address, if applicable:	2655 S LE JEUN	NE ROAD, SUITE 905	
(Mailing address MAY BE A POST OFFICE BOX)	CORAL GABLE	ES, FL 33134	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		our records, enter the	name of the nev
New Registered Office Address:	Enter Flori	da street address	
		. Florida	
	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

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	Adolfo Berbegal de Miguel	1221 BRICKELL AVENUE	☐ Add
		SUITE 901	■ Remove
		MIAMI, FL 33131	☐ Change
			□ Add
			□ Remove
			☐ Change
			Resolve Allassa
		•	□ Change □ □
			□ Add 19
			☐ Remove
			☐ Change
			Add
		-	Remove
			Change
<u> </u>		•	Add
			☐ Remove
			□ Change

amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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n eff ote:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ited .	Signature of a member/or authorized representative of a member
	Signature of a memberyor authorized representative of a member
	BENJAMIN CALLEJA WESTING

Page 3 of 3

Filing Fee: \$25.00