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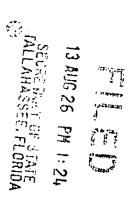
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificate	s of Status		
	-11.			
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COVER LETTER

TO: Registration S Division of Co			·	
SUBJECT:	NEW LIFE EL	ECTRONICS USA LLC	;	
SUBJECT:		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
		BIANCA SAPORITTO		
		Name of Person		
TEAM REAL ESTATE MANAGEMENT, LLC			T, LLC	
Firm/Company				
2801 NE 208TH TERRACE, SECOND FLOOR				
		Address		
	,	AVENTURA, FL 33180		
	City/State and Zip Code			
	BIANCA@ E-mail address:	TEAMREMANAGEMENT (to be used for future annual report no	.COM tification)	
For further information	concerning this matter, please			
BIAN	CA SAPORITTO	at (_305_)	454-0915	
Name	of Person	Area Code & Dayt	me Telephone Number AS	
Enclosed is a check for	the following amount:		AUG 21	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	S60.00 Filing Fee, Certificate of Status &	
Regis Divisi	LING ADDRESS: tration Section ion of Corporations Box 6327	STREET/COU! Registration Sec Division of Corp Clifton Building	orations	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	COMPANY OF IT NOW ADDRESS		<u> </u>
(<u>Name of the Limited Liability</u> (A Florida Li	mited Liability Company)	is on our records.	
The Articles of Organization for this Limited Liability Co	mpany were filed on	05/22/2013	and assigned
Florida document numberL13000074953	_,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company her	<u>e</u> :	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compa	any," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:			·
(Principal office address MUST BE A STREET ADDRI	ESS)	y; den	
			
Enter new mailing address, if applicable:		LLAHA	3
(Mailing address MAY BE A POST OFFICE BOX)		(A)	
		ارة المرابع	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		our records, enter	he name of the nev
registered agent and/or the new registered office addi-	cas nere.	_	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida	Zip Code
	cuv		zio coae

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Address** Type of Action **Title** <u>Name</u> MGR ORQUIN, ALEJO ONLY CHANGE TITLE FROM MGRM TO MGR Remove MGRM LANDSMAN, SOFIA B ONLY CHANGE SPELLING OF SOFIA'S NAME ☐ Add ☐ Remove ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Dated ____AUGUST 22 Signature of a member or authorized representative of a member **BIANCA SAPORITTO** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00