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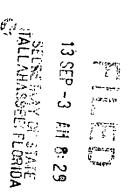
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COVER LETTER

TO: Registration Section
Division of Corporations

WORK SAFE USA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angelica Beltran

Name of Person

Beltran Accounting Services Corp

Firm/Company

6303 Blue Lagoon Dr Suite 400

Address

Miami FL 33126

City/State and Zip Code

abeltran@beltranaccounting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelica L. Beltran

305, 456-1999

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

Certificate of Status & Certified Cope (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

(<u>Name of the Limited Li</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)				
The Articles of Organization for this Limited Liab Florida document number L13000077372	bility Company were filed on 05/29/2013 and assignment.	gned			
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and end with to "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the ab	breviation			
Enter new principal offices address, if applicab	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				
	<u> </u>	A . Taleston.			
	美術 岩				
Enter new mailing address, if applicable:	69.50 L	3-mare			
(Mailing address MAY BE A POST OFFICE BO		्रिसा <u>न्यस्</u>			
	T (1)	i i i			
	Rin : 2	in think the			
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, enter the name of	the new			
registered agent analor the new registered of the	· ·				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City Zin Code	_			

New Registered Agent's Signature, if changing Registered Agent:

WORK SAFE USA LLC

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

<u>Title</u>	Name	<u>Address</u> <u>T</u>	ype of Action
MGRM	Carlos Conrado Hoeckle Alfaro	Manuel Ortiz Guerrero 959 esq. de la Victoria	Add
		Ñemby – Barrio Rincon - Paraguay	Remove
			Add
			Remove
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		500 500 500 500 500 500 500 500 500 500	Remove
		ORIDA DA	Add Add
			Remove
		·	Add
			Remove

D. If amending any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)
. `	
August 26 20	13
ated	· · · · · · · · · · · · · · · · · · ·
Signature of a member	er or authorized representative of a member
MAURO M GONZALEZ	
Турес	for printed name of signee

Page 3 of 3

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TALLAMA SSEE: FLORIDA