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| (Re                     | questor's Name)   | <del></del>     |
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| PICK-UP                 | WAIT              | MAIL            |
| (Bu                     | siness Entity Nam | ne)             |
| (Do                     | cument Number)    |                 |
| Certified Copies        | _ Certificates    | of Status       |
| Special Instructions to | Filing Officer:   |                 |
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### **COVER LETTER**

TO: Registration Section
Division of Corporations

SADEMO 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:

# CAROLINA OMEDAS

Name of Person

## SADEMO USA LLC

Firm/Company

# 1430 S. DIXIE HIGHEWAY SUITE 320

Address

CORAL GABLES, FL 33146

City/State and Zip Code

## EMIGDIOSUAREZ@GMAIL.COM

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

For further information concerning this matter, please call:

# EMIGDIO SUAREZ

<u>.</u>786<u>.</u>804-1355

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

 

#### 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 Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SADEMO USA LLC  |                      |  |                            |                      |                        |
|---|----------------------|--|----------------------------|----------------------|------------------------|
| (Name of the Limit  | (A Florida Limited ) | ny as it now appears o<br>Liability Company) | n our records.)            |                      |                        |
| The Articles of Organization for this Limited L<br>Florida document number <u>L1300010082</u> | iability Company     | were filed on 07/                            | 15/2013                    | and assig            | ned                    |
| This amendment is submitted to amend the foll   | owing:               |  |                            |                      |                        |
| A. If amending name, enter the new name o   | f the limited liab   | ility company here                           | :                          |                      |                        |
| N/A   |                      |  |                            |                      |                        |
| The new name must be distinguishable and end with the   | words "Limited Liab  | oility Company," the des                     | signation "LLC" or th      | he abbreviation "L.L | C."                    |
| Enter new principal offices address, if applic  |                      | 1430 SOUT                                    | H DIXIE HIG<br>BLES, FL 33 |                      | 320                    |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)          |                      | SAME   |                            |                      |                        |
| B. If amending the registered agent and registered agent and/or the new registered o          |                      |  | ur records, <u>ent</u>     | er the name of       | the new                |
| Name of New Registered Agent:   | EMIGDIO              | SUAREZ                                       |                            | MAY 15               |                        |
| New Registered Office Address:  | 1430 SOL             | JTH DIXIEWA                                  | Y S. 320                   |                      | indi<br>Tipone service |
|   |                      | Enter Florida                                | street address             | 20 <b></b>           | र चेत्र ३<br>१९७४मा    |
|   | CORAL G              | ABLES  | , Florida                  | 33146 —              | مغمورو علا             |
|   |                      | 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

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| CORAL GABLES, FL 33146 GRemove          |                   |         |
| 1430 S.DIXIEWAY S.320 ■ Add             | CAROLINA OMEDAS   | ABMA    |
| Address Type of Action                  |                   | Title   |
|   | thorized iviember |         |

Fage 2 of 3

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| Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be prior to date of the prior | (optiona) not be more than 90 days after |
|---|--|
| the date this document is filed by the Florida Department of State)  Oated 04-28-2014   |  |
| Dated,  | tive of a member                         |
| Signature of a member of authorized representati  | are of a member                          |

Page 3 of 3

Filing Fee: \$25.00

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