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## **COVER LETTER**

TO: Registration S Division of Co			
PLF GLOI	BAL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LILIANA ANGEL		<u></u>
		Name of Person	
	PLF GLOBAL LLC  Name of Limited Liability Company  ed Articles of Amendment and fee(s) are submitted for filing.  rn all correspondence concerning this matter to the following:  LILIANA ANGEL  Name of Person  ALL ACCOUNTING SOLUTIONS  Firm/Company  269 CAMERON DRIVE  Address  WESTON FLORIDA 33326  City/State and Zip Code s.capdeferro@igmasa.com  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:		
		Firm/Company	<del></del>
	269 CAMERON DRIVE		
		Address	
	WESTON FLORIDA 333	26	
		City/State and Zip Code	· ···
		11.	<del></del>
For further information		-	fication)
LILIANA ANGEL	concerning into manter, prease e		
			a Talanhana Yumhar
, vame «	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	•

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLF GLOBAL LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L13000174862	were filed on 12/18/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
IGMASA AMERICA LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		: 5 : 2
Trincipal office address 11001 BL 1101 (BB1 11D) (BB5)		~;
		ت '
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<del> </del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, <u>ent</u>	•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	, Florida	
	City	FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

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
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			□Change
	<del></del>		□Add
		<u> </u>	□ Remove
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fective date, if other than the	date of filing:	(optional)	
an effective date is listed, the date mus ote: If the date inserted in this blocument's effective date on the D	ock does not meet the applicable	ate of filing or more than 90 days after filing.) Pursuant to e statutory filing requirements, this date will not be	605,0207 ( listed as t
record specifies a delayed effectiv is filed.	e date, but not an effective time.	at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
04/03/2024 ated	WESTON		
		$\smile$	

Filing Fee: \$25.00

Typed or printed name of signee