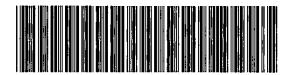
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4. Stevers FEB 1 2 2014

COVER LETTER

SUBJECT: <u>Eik</u>	Name of Limi	ted Liability Company	·
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Rodrigo Bo	Name of Person	
		Firm/Company	
	201 Crandor	Address	100
	Key Biscay	ne Florida, 3 City/State and Zip Code gmail-com obe used for future annual report noti	33149
	barceras - 6	gmail-com be used for future annual report noti	fication)
	eerning this matter, please ca		
Rodrigo Ba	rcenas	at (215) 200 - Area Code Daytim	e Telephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 500 Sectio

MAILING ADDRESS:

TO: . Registration Section Division of Corporations

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

EIKON USA LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 1/9/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and end with the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7. 25. 7.
(Principal office address MUST BE A STREET ADDRESS))»: [n]
17mcipm office murray 17001 BE 7101REE1 71DDRESS	
	-
Enter new mailing address, if applicable:	933 (Metro) L T TML 2 (Metro)
(Mailing address MAY BE A POST OFFICE BOX)	्री स्था
	NOTE:
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent:	XX
New Registered Office Address:	Enter Florida 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Adrigo Barceras	201 Crandon Blud	□ Add
		Key Biscayne, Florida	Remove
		33149	
MGR	Giuliano stiglitz	201 Crandon Blud	□ Add
		key Biscayne, Florid	a Remove
		33149	
AMBR	Latam Digital Investmen	1ts LLC	Add
		201 Crandon Blud Apt 1100	□ Remove
		key Biscayne, Florida, 3314	19
		,	□ Add
			Remove
			Remove
		· · · · · · · · · · · · · · · · · · ·	The second secon
			□ Addo —
		6.2 200	Remove
			
	 		□ Add
			_□ Remove

D. II amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
The two current managers are being
removed for a corporate entity Everything
is detailed in previous page, however,
it you have any questions call me:
215-200-0005
E. 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 more than 90 days after the date this document is filed by the Florida Department of State)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated February 6 th , 2014.
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated February 6 th , 2014.

Page 3 of 3

Filing Fee: \$25.00

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