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EXAMINER

## COVER LETTER

TO: Registration Section

Divis	ion of Cor	porations		
(	Oriente Tri	angle USA LLC		
SUBJECT: _		Name of Lir	ited Liability Company	
The enclosed a	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return a	ll correspo	ondence concerning this matter	to the following:	
		Gustavo Lima		
			Name of Person	·
		Oriente Triangle USA LL0	C	
			Firm/Company	 
		9840 SW 77th Avenue		25 ST
			Address	-
		Miami, Florida 33156		
		angel@orientetriangle.com	City/State and Zip Code	
			to be used for future annual report not	(lication)
For further info	ormation c	oncerning this matter, please c	all:	
Angel Montot	υ		786 573-0757	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a c	heck for th	ne following amount:		
□ \$25,00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oriente Triangle USA LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Corollary	ompany were filed on January 14, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Oriente Tire USA LLC		
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		23
Principal office address MUST BE A STREET ADDR	ESS)	æ.s. ⊘
		<u></u>
		::
nter new mailing address, if applicable:		7.7
Mailing address MAY BE A POST OFFICE BOX)		1.0
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. If amending the registered agent and/or registered agent and/or the new registered office addr	tered office address on our records, <u>en</u>	ter the name of the
-		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	I
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

,	
MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
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lective date, if other than the date of fi n effective date is listed, the date must be specific ote: If the date inserted in this block does n	and cannot be prior t	to date of filing o	r more than 90 days ;	after filing.) Pursuant to 60:	5.02
cument's effective date on the Department	of State's records.	iole statutory ii	ing requirements.	this date will not be fish	iea ;
record specifies a delayed effectiv The 90th day after the record is file	e date, but not	an effective	e time, at 12:0	1 a.m. on the earli	er
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Filing Fee: \$25.00