

L14000015290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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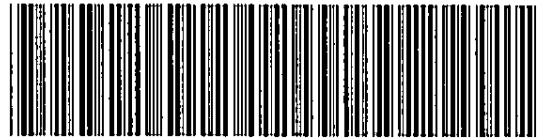
(Business Entity Name)

(Document Number)

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11/14/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PL FAXXON USA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

CELSON MORAES
Name of Person
ASSELIS INTERNATIONAL LLC
Firm Company
6735 CONROY RD SUITE 307
Address
ORLANDO FLORIDA - 32833
City, State and Zip Code
taucane@assellis.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

CELSON MORAES
Name of Person
317 765-2480
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) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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
2601 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PIRIANXON USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/28/2014 and assigned Florida document number 14000015200.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

2.000 x 1.000.000 x 0,0001 = 200.000.000

Florida

224

Zurück:

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 or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JORDAN, PETER	1562 CALLE NIQUEROVA	☐ Add
		SAN CLEMENTE, CA 95067	☒ Remove
			☐ Change
MGR	PELANNON INFORMATIONAL	RUA PROFESSOR MOSKIN, 72	☒ Add
		MOSELIA, PETROPOLIS RJ	☐ Remove
		C.P. 25673-060 - BR	☐ Change
			☐ Add
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Effective date, if other than the date of filing: _____ (Optional)
 If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. (Pursuant to 605.0207-13(b))

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of member or authorized representative of a member

PETER MAXIMILIEN JORDAN