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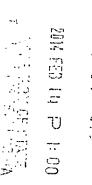
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B. BOSTICK FEB **17** 2014

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

PROMOITALIA 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:

	JACQUELY		ξ	
		Name of Person		
		Firm/Company		
	721 NE 38T	H STREET		
		Address		
	BOCA RATO	ON, FL 3340	31	<u></u> -
		City/State and Zip Code		
	jacquelyncurrier@	🗓yahoo.com		· / -m
	E-mail address: (to be used for future annual	report notification)	
For further information of	concerning this matter, please co	all:		THE THE STATE OF T
Jacquelyn	Currier	_{at} 954, 5	79-7108	
Name o	f Person	Area Code	Daytime Telephone	Number of C
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	closed) (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 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROMOITALIA USA, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000023814</u> .	were filed on 2/11/2014 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:
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5801 N CONGRESS AVE
(Principal office address MUST BE A STREET ADDRESS)	SUITE 219
	BOCA RATON, FL 33487
Enter new mailing address, if applicable:	5801 N CONGRESS AVE
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 219
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RENDON, MARTA I	880 NW 13TH ST, SUITE 3C	
		BOCA RATON, FL 3348	86 ■ Remove
MGR	SIMMONS, MATTHEW A	880 NW 13TH ST, SUITE 30	 C □ Add
		BOCA RATON, FL 3348	-
MGR	MATTHEW A. SIMMONS	5801 N CONGRESS AV	E Add
		SUITE 219	□ Remove
		BOCA RATON, FL 3348	_ 7 _≥
MGR	PROMO HOLDINGS, LLC	721 NE 38TH STREE	Add
		BOCA RATON, FL 3343	1 Remove
		C PROCESSION OF THE PROCESSION	
AMBR	PROMOITALIA GROUP S.P.A.	VIA ANTINIANA, 59	= Add
		NAPOLI 80078, ITALIA	1 □ Remove
			
			□ Add
			□ Remove

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effec	e date, if other than the date of filing:
Dated	February 13 2014
	Maxim
	Signature of a member or authorized representative of a member MATTHEW SIMMONS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00