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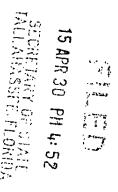
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J. SHIVERS MAY O F THE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: RG   NUEST MENTS 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:
Kit WWAMS Name of Person
MARATHES & WILLAMS PLUC Firm/Company
17971 BISCAYNE BLVD Suite 22
City/State and Zip Code  KITE MARATHAS WILLIAMS COM  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Kit Williams at (995) 640 - 7347  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\sum_{\text{S}}\$\$ \$25.00 Filing Fee    \$55.00 Filing Fee &   \$60.00 Filing Fee, Certificate of Status   Certified Copy (additional copy is enclosed)   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

Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	4045 SITERIDAN AVE
(Principal office address MUST BE A STREET ADDRESS)	# 113
	MIAMI BEACH , FC 33140 4645 SHERIDAN AVE
Enter new mailing address, if applicable:	#113
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI BEACH FL 33140
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	RE PROMISE
New Registered Office Address:	STATE OF STATES
	Enter Florida street address Florida
	City Sip Coffe
New Registered Agent's Signature if changing Degistered Agent.	;;·>

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					
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