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COVER LETTER

E	legistration Sec Division of Corp		•	
~		ns USA LLC		
SUBJECT	T:	Name of Limi	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please rett	arn all correspor	ndence concerning this matter	to the following:	
		Eduardo Ayala		
			Name of Person	
		Ayala Law PA		
			Firm/Company	
		1390 Brickell Ave, suite 33	35	
			Address	
		Miami, FL 33131		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		sgarcia@ayalalawpa.com		
		E-mail address: (I	to be used for future annual repor	1 notification)
For further	r information co	oncerning this matter, please ca	all:	
Eduardo .	Ayala		305 570-22	98
	Name of	Person		aytime Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	O Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Solution Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S

TM Solutions USA LLC (Name of the Limited Liability Compa	ny as it now appears on our records)	FOR ECCLUSION APR
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.14000050916	were filed on 03/27/2014	A SSAIN assaured 2: 3:
This amendment is submitted to amend the following:		; · , ·
A. If amending name, enter the new name of the limited liab	ility company here:	
<u> </u>		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2490 Coral Way	
(Principal office address MUST BE A STREET ADDRESS)	Suite 401	
(Timespac office and cas most me more mentals and most me	Miami, FL 33145	
Enter new mailing address, if applicable:	2490 Coral Way	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 401	· .
	Miami, FL 33145	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the na Enter Florida street address	me of the new registered
	, Florida _	
	Cin	Zin 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remove	as from our records.
MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Fective date, if other than the date of filing:						
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		ayed effective date, but i	not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
Signature of a member or authorized representative of a member	ed April 07					