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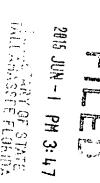
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COVER LETTER

Division of	on Section f Corporations			
SUBJECT:	YPR USA, LLC			
	Name of Lin	nited Liability Company		
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.		
Please return all cor	respondence concerning this matter	to the following:		
	VICTOR M.	VERDI		
		Name of Person		
	VERDI ASSO	CIATES GROUP, INC.		
		Firm/Company		2010
	312 E. VEN	ICE AVENUE, SUITE (#	203	2015 JUN -
	· · · · · · · · · · · · · · · · · · ·	Address		22 ===
	VENICE,	FLORIDA 34285	स्ति वर्षे स्ति हुन स्ति होते	2 C
		City/State and Zip Code	20 T	3.47
		gcomcast.net to be used for future annual report notifi	المار	47
For further informat	ion concerning this matter, please c	·	cation)	
V	ICTOR M. VERDI	at (732 ₎ 829 8397	7	
Ne	ame of Person	aı (Telephone Number	
Enclosed is a check	for the following amount:			
数 \$25.00 Filing Fe	_	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	
	AILING ADDRESS: egistration Section	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YPR USA, LLC			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appea ted Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on _	05/01/2014	and assigned
Florida document numberL14000069339			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I	liability company h	ere:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		~ , <u> </u>
(Principal office address MUST BE A STREET ADDRESS	2		S REPUBLIE
Enter new mailing address, if applicable:			72 P [7]
(Mailing address MAY BE A POST OFFICE BOX)	. 		54 to 57
			98 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		n our records, <u>enter</u>	the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
	23/110/ 1 10		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		

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>	Type of Action
AMBR	ALESSANDRO DEFILIPPO	1807 FIELD ROAD	\ Add
		SARASOTA, FLORIDA 34231	Remove
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L. Effectiv	ve date, if other than the date of filing: (optional) ctive 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.
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste
docume	ent's effective date on the Department of State's records.
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
	90th day after the record is filed.
Det 1	MAY 29 , 2015.
Dated_	$\frac{1}{1}$
	/)
	1 A
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00