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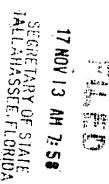
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COVER LETTER

	istration Sec ision of Corp			•
		HISE USA LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter to	o the following:	
		Gianni Toniutti		
			Name of Person	
		Tosolini, Lamura, Rasile &	Toniutti LLP	
			Firm/Company	
		407 Lincoln Rd. Suite 11-	-C	
			Address	
		Miami Beach, FL 33139		
			City/State and Zip Code	
		gianni.toniutti@tlrtlaw.com		
n a t			o be used for future annual report notifica	.ion)
For further in	ilormation co	ncerning this matter, please ca	ll:	
Gianni Toni	iutti		305 534-0420 at () Area Code Daytime To	
	Name of	Person	Area Code Daytime To	elephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4D FRANCHISE USA LLC										
(<u>Name of the Limited Liat</u> (A Flor	bility Company rida Limited Lia	as it now appears on our bility Company)	records.)		_					
The Articles of Organization for this Limited Liability Florida document number L14000077403	Company w	ere filed on <u>05/13/201</u>	4	and	l assig	gned				
his amendment is submitted to amend the following:	:									
A. If amending name, enter the new name of the li	imited liabili	ty company here:								
The new name must be distinguishable and contain the words "L	Limited Liability	Company," the designation	n "LLC" or the	abbreviation	າ "L.L.	.C."				
Enter new principal offices address, if applicable:		175 SW 7th St.								
Principal office address MUST BE A STREET AD	DRESS)	Suite 1900								
		Miami, FL 33130								
Enter new mailing address, if applicable:		175 SW 7th St.								
(Mailing address MAY BE A POST OFFICE BOX)		Suite 1900								
		Miami, FL 33130								
3. If amending the registered agent and/or registered agent and/or the new registered office ad	ddress here:	ce address on our r	ecords, <u>ent</u>	er the nai	ne o 17 NOV	******				
	7 Lincoln Rd.		ARY SSE	3	Parents Parents					
	ami Beach	Enter Florida stree		341360 -	AH	phronia 1				
	aini beach	City	, Florida	3000 P	e Ge	N ₁₉₄ 3				
New Registered Agent's Signature, if changing Registe	red Agent:			>						

I hereby accept the appointment as registered agent and agree to act in this papacity. 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

Page 1 of 3

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
MGR	DALLE RIVE, LUCIANO	175 SW 7TH STREET	□ Add
•		Suite 1900	Remove
		Miami, FL 33130	■ Change
MGR	TADDEI, FEDERICO	175 SW 7TH STREET	□ Add
		Suite 1900	☐ Remove
		Miami, FL 33130	🖺 Change
MGR	CANINI, CARLO	175 SW 7TH STREET	Add
		Suite 1900	☐ Remove
		Miami, FL 33130	_ ■ Change
MGR	DALLE RIVE. MARINA	175 SW 7TH STREET	□ Add
		Suite 1900	🗆 Remove
		Miami, FL 33130	■ Change
			□ Add
		-	Remove
			☐ Change
			Add
			□ Remove
			Change

to 17	5 SW 7TH 5	St. Suite 19	00, Miami,	FL	33130								
All m	anagers na	mes remain	the same	- ju:	st chang	e their a	ddres	ses.					
Regi	stered agen	t changed f	rom Feder	ico [*]	Taddei a	t 670 Li	ncoln l	Rd., Mi	ami Be	ach, FL	. 33139		
to To	solini, Lamui	a, Rasile & '	l'oniutti LL	.P at	407 Linc	oln Rd.	Suite 1	I-C, Mi	ami Bea	ich, FL	33139.		
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		S	ignature of a	a mer	nber or au	thorized p	epresyn	tative of	a membe	er			

Page 3 of 3

Filing Fee: \$25.00