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COVER LETTER

	istration Sec ision of Corp			
SHR IE7T)		HISE USA LLC		*
SUBJECT		Name of Limi	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		GIANNI TONIUTTI		
			Name of Person	.
		TOSOLINI & LAMURA L	LP	
TOSOLINI & LAMURA LLP Firm/Company 407 LINCOLN ROAD, SUITE 11C Address MIAMI BEACH, FL 33139 City/State and Zip Code gianni.toniutti@tlrtlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GIANNI TONIUTTI 305 534-0420 at (
		407 LINCOLN ROAD, SI	UITE 11C	
			Address	
		MIAMI BEACH, FL 3313	9	
		gianni toniutti@tlrtlaw.con	•	
				tification)
For further in	iformation co	oncerning this matter, please ca	all:	
GIANNI TO	NIUTTI			
-	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	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 (Name of the Limited Liability Company a (A Florida Limited Liabi	sit now appears on our records.)			
(A Florida Limited Liabi	ity Company)			
The Articles of Organization for this Limited Liability Company were filed on 05/13/2014 Florida document number L14000077403				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company here:			
The new name must be distinguishable and contain the words "Limited Liability C	omnany " the designation "L1 C" or the abbreviat	ion "L.L.	<u></u>	
•				
Enter new principal offices address, if applicable:			-	
(Principal office address MUST BE A STREET ADDRESS)		<u>∞</u>	<u> </u>	
_		⊑_	<u> </u>	
		-0	무료	
Enter new mailing address, if applicable:		7>		
(Mailing address MAY BE A POST OFFICE BOX)		=	= 4	
Mading dadress MAT BE A FOST OFFICE BOX			5.F	
_			 -	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the n	<u>iame_of</u>	the ne	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Florida			

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.

Cirv

If Changing Registered Agent. Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DALLE RIVE, LUCIANO	175 SW 7TH STREET	Add
		SUITE 1900 MIAMI, FL 33130	_■ Remove
			Change
MGR	TADDEI, FEDERICO	175 SW 7TH STREET	
		SUITE 1900 MIAMI, FL 33130	■ Remove
			☐ Change
MGR	BLASI MORALES, ROMAN	9737 NW 41ST STREET	■ Add
		DORAL FL 33178	□ Remove
			Change
			
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			Change
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an effective date is listed, the date miliote: If the date inserted in this b	ust be specific and	l cannot be prio	r to date of fil	ing or more t	han 90 days after	filing.) Pursuant to 60	
ocument's effective date on the l					•		
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	Signature of a	member or aut	nortzed repries	entative of a	member		

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Filing Fee: \$25.00