# 00008520

### Florida Department of State -

Division of Corporations Electronic Filing Cover Sheet

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Email Address: nmunoz@marcellfelipe.com

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SD TECHNOLOGY USA, LLC

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SD TECHNOLOGY USA, L   |   |                       |                      |
|--|---|-----------------------|----------------------|
| (Name of the Limited   | Liability Company as it now annears on ou<br>Florida Limited Liability Company) | r records.)           |                      |
| The Articles of Organization for this Limited Lia Florida document number L14000085204   | bility Company were filed on 5/28/20  | )14                   | and assigned         |
| This amendment is submitted to amend the follow  | ving:   |                       |                      |
| A. If amending name, enter the new name of t   | the limited liability company here:   |                       |                      |
| The new name must be distinguishable and end with the w                                  | ords "Limited Liability Company," the designs                                   | ntion "LLC" or the ab | obreviation "L.L.C." |
| Enter new principal offices address, if applicat   | ble:  | - r                   |                      |
| (Principal office address MUST BE A STREET   | 'ADDRESS'   |                       | ASS TO               |
|  |   | ,                     | <u> </u>             |
| Enter new mailing address, if applicable:  |   |                       | L 23                 |
| (Mailing address MAY BE A POST OFFICE B  | <u>ox</u>   |                       | - F - F              |
|  |   |                       | 53 F P               |
| B. If amending the registered agent and/o registered agent and/or the new registered off | r registered office address on our ice address here:                            | records, enter 1      | the name of the ne   |
|  |   | w.                    | •                    |
| Name of New Registered Agent:  |   |                       |                      |
| New Registered Office Address:   | Enter Florida str   | eet address           |                      |
|  |   | . Florida             |                      |
|  | City  | , I'lut lud           | Zip 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager

3053816225

## H14 0001754483

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

| AMBR = A | AMBR = Authorized Member |                       |                 |  |  |  |
|----------|--------------------------|-----------------------|-----------------|--|--|--|
| Title    | Name                     | Address               | Type of Action  |  |  |  |
| MGR      | William Gil              | 1001 Brickell Bay Dr. | <b>A</b> dd     |  |  |  |
|          |                          | Miami, FL 33131       | Remove          |  |  |  |
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| . If amending any other information, enter change(s) here: (Attach additional she  | ets, if necessary.)                   |           |                  |
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| the date this document is filed by the Florida Department of State)  |                                       |           |                  |
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| Moultelle  |                                       |           |                  |
| Signature of a member of authorized representative of a mer Marcell Felipe, Esq.   | nber                                  |           |                  |
| Typed or printed name of signee  | · · · · · · · · · · · · · · · · · · · |           |                  |
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