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SECRETARY OF STATE

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COVER LETTER

	Registration Sec Division of Corp		•			
eud iec		H CAR, LLC				
SUBJEC	Name of Limited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sub	nitted for filing.			
Please ret	turn all correspor	ndence concerning this matter	to the following:			
		NATALIA MEDEIROS				
			Name of Person			
		CSG - CAPITAL SERVIC	ES GROUP INC			
			Firm/Company			
446 W HILLSBORO BLVD						
			Address			
DEERFIELD BEACH, FL 33441						
			City/State and Zip Code			
		NATALIA@THEWAYGR				
		E-mail address: (t	o be used for future annual report notific	cation)		
For furth	er information co	oncerning this matter, please ca	ill:			
NATAL	IA MEDEIROS		954 427-4770 at ()			
Name of Person		`Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	e following amount:				
□ \$ 25.0	00 Filing 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

DRY WASH LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were Florida document number	e filed on <u>06/06/2014</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
NEW INDUSTRY USA LLC		
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter	the name of the nev
New Registered Office Address:	Enter Florida street address, Florida City	HASSEE, F. DO
New Registered Agent's Signature, if changing Registered Agent:	S	20

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>	Name	Address	Type of Action
AMBR	MARCELO R. MARQUES	470 NW 44TH TER #103	= Add
		DEERFIELD BEACH, FL 33442	□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
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