L140001241282

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	T: _ Business Achuty / Other provision section / Article g Namelof Limited Liability Company	Amealment
The enc	osed Articles of Amendment and fee(s) are submitted for filing.	
Please r	turn all correspondence concerning this matter to the following:	
	Roberto C Honles Name of Person	
	Mesertaea USA Firm/Company	
	5590 NW 84Th Ave	
	Address	
	Doal, A 33166	
	City/State and Zip Code	•
	E-mail address: (to be used for future annual report notification)	- -
For furt	er information concerning this matter, please call:	· - ·
	Roberto C Workes 31,786, 773-4505	- -
		2: C2
Enclose	is a check for the following amount:	
\$ 25	00 Filing Fee \$\bigcup \\$30.00 Filing Fee \& Certificate of Status \$\bigcup \\$255.00 Filing Fee \& Certificate of Status \& Certified Copy \\ (additional copy is enclosed) \\ \end{additional copy is enclosed}\$	
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	
	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MESERTE CA	USA	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on a la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability of Florida document number 214000124112	Company were filed on08 	of holf and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designated	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		, , , , , , , , , , , , , , , , , , ,
		£
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record	ds, enter the name of the new registered
		±•
Name of New Registered Agent:		: <u>:</u>
New Registered Office Address:		(J)
	Enter Florida st	reet address
		, Florida
	City	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

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>	Address	Type of Action
			□Add
			□Remove
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
		·····	□Change
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	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 60 pplicable statutory filing requirements, this date will not be listords.	
record specifies a delayed effective date, but not an effecti is filed.	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er tl
ated Wansh 12, 200	24 .	
Signature of a member or	authorized representative of a member	