Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

**Enter the email address for this business entity to be used for future to be used for annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BCM PARTNERS USA LLC

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BCM PARTNERS USA LLC				
Name of the Limited Liability Compa (A Florida Limited	my as it now appears on our records. Liability Company))	•	
The Articles of Organization for this Limited Liability Company Florida document number £14000137153	were filed on 09/02/2014	and a	ssigne	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "	"L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		<u> </u>		
Enter new mailing address, if applicable:		Transcor.	7	
(Mailing address MAY BE A POST OFFICE BOX)		in quantities of the second se	No.	
		(n) -	2	4 % 45 4 %
		A TANK		*
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records,	enter the name	e ŠF ()	he ne
esistenen agent autwor me new registeren office andress ner	E !	00.7	Çia GD	13
Name of New Registered Agent:		75	ಚಾ	
New Registered Office Address:				
	Enter Florida street address			

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Title	<u>Name</u>	Address	Type of Action
MGR	Leonor Josefina Zubillaga Arévalo	175 SW 7 STREET, SUITE 2308-2309	= Add
		MIAMI, FL 33130	□ Remove
			Change
MGR	Aquiles Ramón Torrealha Alvarez	175 SW 7 STREET, SUITE 2308-2309	= Add
		MIAMI, FL 33130	R¢move
			Change
MGR	ALEJANDRO TORREALBA	175 SW 7 STREET, SUITE 2308-2309	
		MIAMI, FL 33130	■ Remove
			Change
MGR	FRANCISCO GUIA	175 SW 7 STREET, SUITE 2308-2309	
		MIAMI, FL 33130	■ Remove
			D Change
MGR	Eduardo Zubillaga	175 SW 7 STREET, SUITE 2308-2309	Add
		MIAMI, FL 33130	Remove
			Change
	-		Condid to the condition of the condition
			□ Change

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Dated March 20	2017	
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