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COVER LETTER

TO:	Registration Sec Division of Corp			
etib ii		EMON USA LLC		
SUBJI		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		CARLA HAKIM		
			Name of Person	
		HAKIM ENTERPRISES,	INC	
			Firm/Company	
		4830 W PARK ROAD		
			Address	
		HOLLYWOOD, FL 33021	l	
			City/State and Zip Code	
		CARLAHAKIM@BELLSO	OUTH.NET to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please c		,
CARL	A HAKIM		954 673-9200 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
₽ \$ 2	5.00 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

MOJITO LEMON USA LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
	,
The Articles of Organization for this Limited Liability Company were filed on _	11/06/14 and assigned
Florida document number L14000173749	
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 Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Control of the state of the sta	
Enter new mailing address, if applicable:	and to
Mailing address MAY BE A POST OFFICE BOX)	~
	Γ.
B. If amending the registered agent and/or registered office address	on our records, enter the name of the
registered agent and/or the new registered office address here:	
	$\hat{\omega}$
Name of New Registered Agent:	ω
New Registered Office Address:	
	lorida street address
	, Florida
City	Zin 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
MGR	LIOR VARDI	500 THREE ISLAND BLVD #M25	
		HALLANDALE BCH, FL 33009	Remove
			Change
MGR	NIKOLETT VARDI	500 THREE ISLAND BLVD #M25	Add
		HALLANDALE BCH, FL 33009	□ Remove
			Change
			Add
			Remove
			Change
			□ Change
			Add
			☐ Remove
			Change
			□ Remove
			Change

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ive date, if other than the date of filing:	(optional)
If the date inserted in this block does not meet the applicable statutory fil	ling requirements, this date will not be lis
ent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective 90th day after the record is filed.	e time, at 12:01 a.m. on the earl
South day after the record is flied.	
NOVEMBER 7th 2017	
,	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00