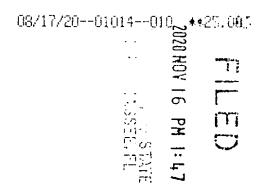
## L150000002182

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## **COVER LETTER**

TO:

**Registration Section** 

Division	of Corporations		
	PORTSOLUTIÔNS USA LLC	•	
SUBJECT:	Name of Lii	nited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	orrespondence concerning this matte	r to the following:	
	L15000002182		
		Name of Person	
	TAXES USA LLC		
	<del></del>	Firm/Company	
	Name of Limited Liability Company  les of Amendment and fee(s) are submitted for filing.  rrespondence concerning this matter to the following:  L15000002182  Name of Person  TAXES USA LLC  Firm/Company  5892 STIRLING RD # 4  Address  HOLLYWOOD , FL 33021  City/State and Zip Code INFO@TAXESUSAMIAMI.COM  E-mail address: (to be used for future annual report notification)  tion concerning this matter, please call:  fame of Person  at (305		
		Address	
	HOLLYWOOD, FL 330	21	
	<del> </del>	City/State and Zip Code	<del></del>
	•		<del></del>
			1)
For further inform	ation concerning this matter, please	call:	
LUIS R. SMITH			
	Name of Person	Area Code Daytime Telep	hone Number
Enclosed is a chec	k for the following amount:		
■ \$25.00 Filing		Certified Copy	Certificate of Status &
Registra Divisio P.O. Bo	Address: ation Section n of Corporations ox 6327 ssee, FL 32314	· · · · · · · · · · · · · · · · · · ·	assee eet, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMPORTSOLUTIONS USA LLC					
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appointed by the second and a second a second and a second a se	<u>pears on our recor</u> ly)	<u>rds.</u> )		
The Articles of Organization for this Limited Liability Company we lorida document number L15000002182.	ere filed on	01/06/2015		_ and a	issigned
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liabilit	ty company	<u>v here</u> :			
NDUSTRY SOLUTIONS USA LLC			_		
he new name must be distinguishable and contain the words "Limited Liability	Company," t	he designation "LL	.C" or the abbre	eviation '	LLC
Inter new principal offices address, if applicable:				<u> </u>	<u>-ij</u>
Principal office address MUST BE A STREET ADDRESS)				10H	::
<u>-</u>	<u> </u>			6	
Cnter new mailing address, if applicable:			(5) (5) (5) (5) (5) (5) (7) (7) (7) (7) (7)	PM 1:47	U U
. If amending the registered agent and/or registered office add gent and/or the new registered office address here:	dress on ou	ır records, <u>ente</u>	er the name	of the n	ew regist
Name of New Registered Agent:					
New Registered Office Address:		F1 -1			
	Enter	Florida street addr	ress		

## 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

Florida

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	<u>Address</u>	Type of Action
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			□Remove
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an effec	e date, if other the	late must be speci	fic and cann	ot be prior to	date of filing	or more than 9	(optio ) days after	filing.) F	ursuant te	605,0207
	f the date inserted in at's effective date or				le statutory (	iling require	ments, this	date w	ill not be	listed as
record : is filed	specifies a delayed c d.	effective date, b	ut not an ei	ffective time	e, at 12:01 a.	m, on the car	fier of: (b	The (	90th day	after the
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Typed or printed name of signee