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DIVISION OF CORFORATIONS

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COVER LETTER

TO:	Registration Se Division of Cor			*
CHD		DINGS S.A, LLC		
SUD	JECT:	Name of Lin	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return all correspo	ondence concerning this matter	to the following:	
		MARIA HARDIE		
			Name of Person	
		FLORIDA CORPORATE	SERVICES, LLC	
			Firm/Company	
		3006 AVIATION AVENU	JE, SUITE 2A	
			Address	
		MIAMI, FL 33133		
			City/State and Zip Code	
		mhardie@sordolaw.com		
		E-mail address: (to be used for future annual report notifi	cation)
For fi	urther information c	oncerning this matter, please ca	all:	
Магі	a Hardie		305 859-8107 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne following amount:		
■ \$	25.00 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

WICC HOLDINGS S.A., LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our reco la Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on <u>01/27/2015</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	16 OC T
	- 	
57 / 19 19 19 19 19		00 6
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>A :: 0</u>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our recor <u>lress here</u> :	ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
		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 = M $AMBR = A$	lanager uthorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Premier Business Management	1 2875 NE 191 Street, St 404 Add Aventura, FL 33180 ■ Remove			
	LLC	Aventura, FL 33180	■ Remove		
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ffective date, if other than the	date of filin	σ•		(0)	ptional)	
an effective date is listed, the date mu	st be specific an	d cannot be prior	to date of filing o	r more than 90 days a	ifter filing.) Pursua	nt to 605.0207
Note: If the date inserted in this blocument's effective date on the D				ling requirements,	this date will not	be listed as
e record specifies a delayed The 90th day after the rec	d effective of ord is filed.	date, but no	ot an effectiv	e time, at 12:0	1 a.m. on the	earlier of
OCTOBER 4		2016				
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Typed or printed name of signee

Filing Fee: \$25.00