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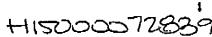
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3/23/2015

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAB USA LLC (Name of the Limited Liability Co.) (A Florida Limited Liability Co.)	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 02/04/2015 and assigned Florida document number L15000021709		
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 end with the words "Limited	Liability Company," the designation "LLC" or the abb	revietion "L.L.C."
Enter new principal offices address, if applicable:		- 5 - 5
(Principal office address MUST BE A STREET ADDRESS	23	3
		S 2 2
Enter new malling address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter the here:</u>	as name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
Entes Florida street address , Florida		·
		G. A.I.
New Registered Agent's Signature, if changing Registered Ag	City	Zip Code
I hereby accept the appointment as registered agent and	agree to act in this capacity. I further agre	e to comply with the

If Changing Registered Agent, Stenature of New Registered Agent

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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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Title <u>Name</u> Address 11402 NW 41ST STREET MGR LEONARDO ALCINA ■ Add SUITE 211-506 □ Remove **DORAL, FL 33178** 11402 NW 41ST STREET **LESNER ALCINA** MGR ■ Add **SUITE 211-506** ☐ Remove **DORAL, FL 33178** _□ Add □ Remove Remove R23 □ Remove _□ Remove

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D.	If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
E.	Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed the date this document is filed by the Florida Department of State)	deste and earmon be more than 90 days after
	Dated March 21 2015	II.
	Signature of a member or authoriz	ed representative of a member
	Luis Alcina	
	Typed or printed n	name of signes

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