## 115000033238

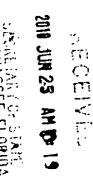
(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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06-26-18

## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	OCP USA I			
Sobsect.			ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		OSCAR CARVALLO		
			Name of Person	
		OCP USA LLC		
			Firm/Company	7,
		201 NW 37TH STREET		
			Address	
		MIAMI, FL 33127		
		allbsflorida@gmail.com	City/State and Zip Code	
		<del>-</del>	to be used for future annual report notifi	ication)
For further in	nformation c	oncerning this matter, please ca	•	
OSCAR CA	RVALLO		786 483-7578	
Name of Person		at (	Telephone Number	
Enclosed is	a check for th	ne following amount:		
□ \$25.00 F	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:

TO:

Registration Section

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**

OCP USA LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)		
The Articles of Organization for this Limited Liability Company w	ere filed on 02/23/2015	and as	signed
Florida document number L15000033238			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" o	r the abbreviation "I	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	·	<del></del> _	~~
B. If amending the registered agent and/or registered office	ce address on our records,	enter the mame	the new
registered agent and/or the new registered office address here:		ASSET	CE:
Name of New Registered Agent:		<del></del>	子 <
New Registered Office Address:	Enter Florida street address	LORID	7 .
	Enter Florida street address	>	•
<del> </del>	, Flori	daZip Code	<del></del>
New Registered Agent's Signature, if changing Registered Agent:	<del>-</del> ↓	ing Code	

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>	Name	<u>Address</u>	Type of Action
AR	OSCAR CARVALLO	201 NW 37TH STREET	<b></b> Add
		MIAMI, FL 33127	□ Remove
		<del> </del>	Change
		<del> </del>	Remove
		<del></del>	Change
			Remede
			AFFIChard AN OFFICE Add AN OFFICE Add AN OFFICE Add AN OFFICE ADDRESS OF THE ADDR
			□ Change
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	05050010		
Note: If the date inserted in this ble	date of filing:  the specific and cannot be prior to date of filing or more back does not meet the applicable statutory filing repartment of State's records.		
ne record specifies a delayed The 90th day after the rec	effective date, but not an effective timord is filed.	ne, at 12:01 a.m. on the earlie	er of:
Dated MAY 16	· · · · · · · · · · · · · · · · · · ·		
	Signature of a member or authorized representative of	a member	
	- 0 4 11 212		
VICTOR CARVALLO	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00