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Division of Corporations

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L15000033881

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPOTE & CAPOTE, P.A.
Account Number : I19990000052
Phone : (305) 374-1555
Fax Number : (305) 374-0908

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: zarela@graspagroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
USEMARIT, LLC

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|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

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FLORIDA DEPARTMENT OF STATE
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T. Burch MAR 24 2015

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

USEMARIT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 24, 2015 and assigned Florida document number L15000033881.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

101 WASHINGTON AVENUEMIAMI BEACH, FLORIDA 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

101 WASHINGTON AVENUEMIAMI BEACH, FLORIDA 33139

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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

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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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The Manager's (Silvia Cadamuro) mailing address is hereby amended to read:

101 Washington Avenue, Miami Beach, Florida 33139

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 21, 2015



Signature of a member or authorized representative of a member

Beatriz M. Capote

Typed or printed name of signer

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