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(Re	questor's Name)	
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15 JUN -4 PH 12: 00

SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor			
SUBIR	CT:		X USA LLC	
SUBJE			ited Liability Company	
		Amendment and fee(s) are sub	_	
•		N	MICHAEL CHOLOBEL	
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		MIC	CHAEL CHOLOBEL, P.A.	
Fírm/Company				
		4300	BISCAYNE BLVD., STE. 205	
			Address	·
			MIAMI, FLORIDA 33137	
City/State and Zip Code				
		E-mail address: (LAW@CHOLOBEL.COM to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	·	,
	MICHAEL C	HOLOBEL	305 438-9888 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

15 JUN -4 PM 12: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CTX USA LLC

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

(A Florida Limited Liability Company)

(A Florida Limited	Liability Company)	ATE O
The Articles of Organization for this Limited Liability Company	were filed on 03/05/2015	and assigned
Florida document number L15000040520		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company "the designation "I I C" out	sha abbassistion M. I. C. 2
the new hame must be distinguishable and contain the words. Limited Liable		
Enter new principal offices address, if applicable:	5915 PONCE DE LEON BLVD., S	STE. 28, MIAMI, FL 33146
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	5915 PONCE DE LEON BLVD., S	STE. 28, MIAMI, FL 33146
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		nter the name of the new
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a
	City	Zin 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 or removed	from our records:	o manage, <u>enter the title, name, an</u>	d address of each person being added
MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	-		Add
			Remove
			□ Change
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Note:	ive date, if other than the descrive date is listed, the date must lead the date inserted in this blockent's effective date on the Dep	late of filing: be specific and cannot be prior to date of filing or more than 9 ck does not meet the applicable statutory filing require partment of State's records.	(optional) 0 days after filing.) Pursuant to 605.020 ments, this date will not be listed as	7 (3)(b) the
If the red (b) The	cord specifies a delayed 90th day after the reco	effective date, but not an effective time, at rd is filed.	: 12:01 a.m. on the earlier of	f:
Dated	MAY 28TH	2015		
	s	ignature of a member or authorized representative of a mem	SECRET AH	-77
		SANDRA E. ZAPOLSKI	−4 ARY ASSE	
	-	Typed or printed name of signee	-17	O
		Page 3 of 3	<u>9</u>	

Filing Fee: \$25.00