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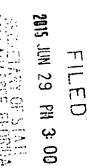
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PICK-UP	☐ WAIT	MAIL
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M. CUMPES THE ELECTION



TO:	Registration Section
	Division of Corporations

POLYHO SUBJECT:	USE AMERICA, LLC		
SUBJECT,	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ANDERSON V STERDI		
		Name of Person	
	POLYHOUSE AMERICA	, LLC	
		Firm/Company	
	8570 NW 93 ST		
		Address	
	MEDLEY, FL 33166		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
JORGE ALVARINO		786 304-6064 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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

FILED 2015 JUN 29 PM 3: 00

POLYHOUSE AMERICA, 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 $\underline{03/26/2015}$ and assigned Florida document number ___L15000067504 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

MGR = N AMBR = A	Aanager Authorized Member		
<u> Fitle</u>	Name	<u>Address</u>	Type of Action
AMBR	MARCO A RUSSO	8570 NW 93 ST	☐ Add
	MEDLEY, FL 33166	□ Remove	
			Change
AMBR DAMIANA S LEITE	DAMIANA S LEITE	8570 NW 93 ST	Add
		MEDLEY, FL 33166	□ Remove
		Change	
		Add	
	 	Remove	
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