Lowman

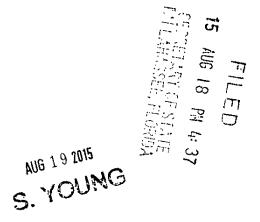
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200276070252

08/18/15--01012--007 **25.00



COVER LETTER

4

Division of Corporations		
SUBJECT: CYCSPANO SGR USA LLC		
Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Eduard A. Baltar	_	
Name of Person		
GLSC & company	_	
Firm/Company		
U303 BIVE LAGOON Drive Suite 200	-	
Miami, Fl 3312 Lo City/State and Zip Code	ात ज	
ebaltar & glsccpa.com		77
ebaltar & GISCIPA 10 m E-mail address: (to be used for future annual report notification)		LED
For further information concerning this matter, please call:	12명 골	O
-1 a 1 A Dalla 200 272-013 2	新華	
Educited A · Baltar at (305) 373-0123 Name of Person Area Code Daytime Telephone Number	<u> </u>	
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Fi	ling Fee,	
	ite of Status &	
	l 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

CYCSPAND SAR USA LL (Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our recoil	rds.)
The Articles of Organization for this Limited Liability Company Florida document number 1500079231.	t .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6303 Blue Suite 200 Miami, FL 3.	14900n Drive
Enter new mailing address, if applicable:	6303 BILLE 1	Lagoon Drive
(Mailing address MAY BE A POST OFFICE BOX)	Suite 200 Miami, FL 3	312-6
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	75 PM D 75 S D 7
: 	, I	Florida Zip Code
	City	zip Coue

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 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	Address	Type of Action
			□ Remove
			Change
			Add
			Remove
			Change
			DbA.□ □.Add
			G. G
			Change TI
			Add Add
			□ Remove
			Change
			Add
	1		Remove
			Change
			Remove
			☐ Change

		· · ·									-
									<u>.</u>		_
											-
	 _				_						-
											_
<u> </u>							_				_
							_	-			
											-
		· · · · · · · · · · · · · · · · · · ·			_						-
											_
					 						_
				.							
											_
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		········				· · ·		ऊ	_
	 _		·		 -				ini Ziri		_
		 -			<u></u>					AUG I	
	•								語で	∞	
ffective date, an effective date	, if other the	an the date	of filing	;;		6.61	+l 00	(optio	nal) 🔠 🦰	골	05.0307
lote: If the da	te inserted in	this block of	loes not m	neet the ap	plicable sta	atutory filir	g requiren	nents, this	date_will n	ot b e li	sted as
ocument's effe	ective date or	the Depart	ment of S	tate's reco	rds.				90	37	
	16 1					CC		10.01	11		
e record sp The 90th d				ate, but	not an e	errective	time, at	12:01 a	.m. on tr	ie ear	lier o
	•										
ated AVA	iust	8	<u>) </u>	20	<u> 15</u> .						
J	1 -	X		-) /	(
			ame of a r	nember or	uthorized r	epresentativ	of a memb				
		~† ĕ ''	ature or a r	nember of a	aumorized i	cpresentativ	or a memo	CI			
		11									

Page 3 of 3

Filing Fee: \$25.00