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SECRETARY OF STATE

West Stilling

COVER LETTER

TO: Registration Sec Division of Corp	ction porations			
SUBJECT:C16	spano SGR VS	SA LLC		
	Name of Limit	led Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspon	ndence concerning this matter t	o the following:		
	Eduara A.Bal			
		Name of Person		
	GLSC 1 COW	Firm/Company		
	<u>0303 Blue U</u>	Address	200	
	niami, FL 33	3126		
		City/State and Zip Code		
	ebaltar @91	SCCPA.10m o be used for future annual report notific		
	E-mail address! (t	o be used for future annual report notification		
For further information co	oncerning this matter, please ca		2015 AUG SECRETA	-17
Eduard A	Ballar	at (305) 373 -012	23 E	-
Name o	f Person	at (305) 373 - 013 Area Code Daytime 7		M D
Enclosed is a check for th	ne following amount:		LOR NTA STA	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, O Certificate of Status & Certified Copy (additional copy is enclosed)	
Registr Divísio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building		

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cresiano SAP US	A LLC	n our records)	
(A Florida Lim	ompany as it now appears on ited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L150000792</u> 、	pany were med on	5 5 15	and assigned
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 contain the words "Limited	Liability Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	70	
Enter new mailing address, if applicable:		LAHASSE	5 NUG 25
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	a street address	
		, Florida _	
	City	, i loi lda	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

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>	<u>Name</u>	Address	Type of Action
MGR	Roberto Flor	6303 Blue Lagur Drive	□ Add
		SVIK 200 Miami, FL	Remove
	· .	33126	Ğ Change
MOR	Sabetay Argule Fresko	4303 blue Lagoon	□ Add
		SULK 200 MIAMI, FL	Remove
		33126	Change
			Add
			□ Remove
			Change
,		SECRI TALLAN	Add ,
		AHASSE!	□ Remove
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record specifies a			not an effectiv	e time, at 12:0	1 a.m. on the	earlier of:
The 90th day after	the record is f	iled.				
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