L15000083161

(Re	equestor's Name)	1
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2015

ARIADNA M OJEDA 8100 WEST FLAGLER STREET, SUITE 200 MIAMI, FL 33144

SUBJECT: SITIARTE USA LLC Ref. Number: L15000083161

We have received your document for SITIARTE USA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC., but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 215A00022621

COVER LETTER

Division of Cor		
SITIARTE SUBJECT:	E USA LLC	
JOHN DOTT.	Name of Limited Liability Company	
	Amendment and fee(s) are submitted for filing.	
	ARIADNA M OJEDA	
	Name of Person	
	AYUDA CENTER	
	Firm/Company	
	8100 W FLAGLER ST STE 200	
	Address	
	MIAMI, FL. 33144	
	City/State and Zip Code lalyraxach@hotmail.com	
	E-mail address: (to be used for future annual report notification)
For further information co	concerning this matter, please call:	
ARIADNA M OJEDA	305 971-5232 at ()	
Name of	f Person Area Code Daytime Telepl	none Number
Enclosed is a check for the	ne following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Fiting Fee & □ \$55.00 Fiting Fee & □ Certificate of Status 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

	T ICLES OF (AMENDMENT O ORGANIZATION OF	2015 NOV 1 O
SITTARTE USA LLC			
(Name of the Limit	ed Liability Compr (A Florida Limited	ny as it now appears on our records. Liability Company)) IS =
The Articles of Organization for this Limited Li Florida document number L15000083161	ability Company	were filed on 05/11/2015	ORIDE A and adsigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of N/A The new name must be distinguishable and contain the w			or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)	9431 FONTAINEBLEAU BLVI	R #102
		MIAMI, FL. 33172	
Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX)		9431 FONTAINEBLEAU BLVI	R#102
		MIAMI, FL. 33172	
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:	AYUDA CENT	·	enter the name of the new
	MIAMI		. 22175
	INITAINI	City Flor	ida 33172 Zip Code
Nav. Basistaned Amentla Charatters 18-1			mp come

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

Page 1 of 3

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
,			□ Add
			Change
			☐ Remove
			C Change
			D Add
			П Remove
			Change
			C] Remove
		<u>i</u> ;	Change
		20 20 20	5 Add
			D Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Effortive date; if other than the date of filing:		4.
Note: If the date inserted in this block does not meet the applicable statusory filling requirements, this date will not be document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e	e listed as t	the
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