L15000084906

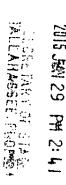
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COVER LETTER

TO: Registration Section
Division of Corporations

TNH USA GROUP LLC

SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAVIER MARKOWICZ		
		Name of Person	
	MARKOWICZ INTERNA	TIONAL LAW	
	Firm/Company		
	2999 NE 191 ST # 702		
		Address	
	AVENTURA, FLORIDA,	33180	
		City/State and Zip Code	
	INFO@MRKINTERNATIO	ONALLAW.COM	
	E-mail address: (to be used for future annual report notific	eation)
For further information of	concerning this matter, please ca	all:	
JAVIER MARKOWICZ	Z	786 619-3148	
Name o	of Person	Area Code Daytime	l'elephone Number
Enclosed is a check for t	he 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

TNH USA GROUP LLC				
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)			
The Articles of Organization for this Limited Liabil Florida document number L15000084906	ity Company were filed on 05/15/2015	and ass	signed	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
THN INTERNATIONAL GROUP LLC				
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbr	eviation "L	.L.C."	_
Enter new principal offices address, if applicable	e:			_
(Principal office address MUST BE A STREET A				
11. 11. 11. 11. 11. 11. 11. 11. 11. 11.				_
				_
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BO)	<u></u>			
B. If amending the registered agent and/or	registered office address on our records, enter t	he name	20 the	ne <u>w</u>
registered agent and/or the new registered office		<u>></u> .₹	A CONTRACT	iiew
		3	129	Carrera Santaga
Name of New Registered Agent:		100 A		_ {
			P	- f 1
New Registered Office Address:	Enter Florida street address	12 C/2	<u>- 65</u>	_ ;
	Enier r ioriaa sireet aaaress		<u>-</u>	
_	, Florida			_
	Citv	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u> </u>	<u>, vame</u>	Nutr 635	Type of Action
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Effective date, if other than the d	ate of filing:		(optional)		⊋
f an effective date is listed, the date must b Note: If the date inserted in this bloc	e specific and cannot be pri	or to date of filing or mo	re than 90 days after filing.)	Pursuant to vill not be	605.0207
document's effective date on the Dep			······································	Sign	£
e record specifies a delayed of The 90th day after the recor		not an effective ti	me, at 12:01 a.m. c	on the ea	arlier of
Dated	, 2015	7.1			
	gnature of a member or au	thorzed representative	of a member		
<u>.</u>	-	MARKOWICZ			

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Filing Fee: \$25.00