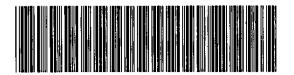
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COVER LETTER

Division of Cor	porations		
US GLOW	TEK LLC		
SUBJECT.	Name of Limited L	iability Company	
The enclosed Articles of	Amendment and fee(s) are submitte	d for filing.	
Please return all correspo	ondence concerning this matter to the	e following:	
	Jorge Miller		
		Name of Person	
	Stilbon Trade Corporation		
		Firm/Company	
	175 SW 7th Street, Suite 2001		
		Address	
	Miami, FL 33130		
	Cit	ty/State and Zip Code	
	E-mail address: (to be	used for future annual report notification	on)
For further information c	concerning this matter, please call:		
Jorge Miller		305 538-2498	
Name o	of Person	at () Daytime Tele	ephone Number
Enclosed is a check for the	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)

TO:

Registration Section

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

(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 June 17, 2015 and assigned Florida document number L15000105745

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

US GLOW TEK LLC

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Zip Code

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	Daniel Mussachio	175 SW 7th Street	
		Suite 2001	☐ Remove
		Miami, FL 33130	☐ Change
MGR	Stilbon Trade Corporation	175 SW 7th Street	
		Suite 2001	
		Miami, FL 33130	= Change
			□ Add
			☐ Remove
			Change
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			☐ Change

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Filing Fee: \$25.00