

L15000110027

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TORRES & VADILLO, LLP
Account Number : I20150000038
Phone : (305) 485-9700
Fax Number : (305) 436-0191

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: corporations@torresvadillollp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SERVISAN USA, LLC

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APR 05 2016
J. HARRIS

H16000083750 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERVISAN USA LLC

(Name of the Limited Liability Company as it now appears on our records)
(Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/24/2015 and assigned
Florida document number L15000110027.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

N/A

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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

Page 1 of 3



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H16000083750 2

#160000837503

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	DEGREGORI, GIANCARLO	4580 NW 114TH AVE. APT 1207 DORAL, FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	SERVISAN, CA	CALLE 27 SUR CRUCECRA 12 SUR EDE EL TIGRE, AN 00000 VE	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CAROL MALAVASI	8300 NW 53RD STREET SUITE 350 DORAL, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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File 000083750 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 24 2016



Signature of a member or authorized representative of a member

GIANCARLO DEGREGORI

Typed or printed name of signer

Page 3 of 3

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