U5000 126285

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COVER LETTER

U SUBJECT:	AT USA,	LLC			
subject: _	Name of Limited Liability Company				
···			Const Con Citing		
		Amendment and fee(s) are subn			
Please return al	l correspo	ndence concerning this matter to	o the following:		
		MARY PIERLUISSI			
			Name of Person		
		MPE CONSULTING, COR	P		
			Firit/Company		
		2700 GLADES CIRCLE ST	ГЕ 127		
			Address		
		WESTON, FL 33327			
			City/State and Zip Code		
		maryp@mpeconsulting.net			
		E-mail address: (t	o be used for future annual report notifi	cation)	
For further info	ormation co	oncerning this matter, please ca	11:		
RODOLFO A	NEZ		954 7560724		
·	Name o	f Person	at ()	Telephone Number	
Enclosed is a c	heck for th	ne following amount:			
□ \$25.00 Fili	ng 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 AMENUMENT TO ARTICLES OF ORGANIZATION OF

UAT USA, LLC (Name of the Limited Liability Company as it new appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JULY 23, 2015 and assigned Florida document number L15000126285 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 "L.I.C" or the abbreviation "L.I.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Zip Code City

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> CARLOS MASTELLA	Address CALLE LA GUAIRITA, EDIF.	Type of Action
MGR	CARLOS MASTILLA	LOS FRAITES, CARACAS,	Add
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If amending any other informati			
			
			
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	CONTRAD	CD18 2010	
Effective date, if other than the (If an effective date is listed, the date must		ER18, 2019	(optional)
If an effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot be prior ock does not meet the applic	r to date of filing or more than 9 cable statutory filing require	3 days after filing.) Pursuant to 605.020 ments, this date will not be listed a
document's effective date on the De	partment of State's records		
	er e dan bara		13,01 a.m. on the earlier of
the record specifies a delayed) The 90th day after the reco	ord is filed.	or an enective time, at	12.01 a.m. on the earlier c
SEPTEMBER 18	2019		
Dated		<u> </u>	
,			

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Filing Fee: \$25.00