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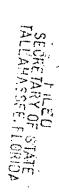


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### **COVER LETTER**

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E AMERICAS LLC				
SUBJECT: Name of Limited Liability Company				
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N	ELLY HERRERA RUIZ			
	Name of Person			
SEVEN BROS CONSULTING LLC				
Firm/Company				
12219 SW 14 LN APT 2401				
Address				
	MIAMI, FL 33184			
City/State and Zip Code				SEX
F.RAMOS@AUDIOGENEAMERICAS.COM				` <u>AR</u>
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RUIZ	,	255	<del>f.</del>	FL02
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following amount:				
□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifica ed) Certified	te of Status & Copy	
	F.RAMOS@AU E-mail address: (cerning this matter, please cancerning this matter.	AMERICAS LLC  Name of Limited Liability Company  nendment and fee(s) are submitted for filing.  ence concerning this matter to the following:  NELLY HERRERA RUIZ  Name of Person  SEVEN BROS CONSULTING LLC  Firm/Company  12219 SW 14 LN APT 2401  Address  MIAMI, FL 33184  City/State and Zip Code  F.RAMOS@AUDIOGENEAMERICAS.CO  E-mail address: (to be used for future annual reportering this matter, please call:  RUIZ  at (1)  Area Code  following amount:  \$30.00 Filing Fee & Certified Copy	RAMERICAS LLC  Name of Limited Liability Company  nendment and fce(s) are submitted for filing.  ence concerning this matter to the following:  NELLY HERRERA RUIZ  Name of Person  SEVEN BROS CONSULTING LLC  Firm/Company  12219 SW 14 LN APT 2401  Address  MIAMI, FL 33184  City/State and Zip Code  F.RAMOS@AUDIOGENEAMERICAS.COM  E-mail address: (to be used for future annual report notification)  cerning this matter, please call:  RUIZ  786 Area Code  Daytime Telephone Number  following amount:  \$\Begin{array} \text{S30.00 Filing Fee & \$\Begin{array} \text{S55.00 Filing Fee & \$\Begin{array} \text{S60.00 Filing Fee & \$\Begin{array} \text{Certificad Copy} & \Certificad Copy (additional copy is enclosed) Certificed Certific	AMERICAS LLC  Name of Limited Liability Company  nendment and fee(s) are submitted for filing.  ence concerning this matter to the following:  NELLY HERRERA RUIZ  Name of Person  SEVEN BROS CONSULTING LLC  Firm/Company  12219 SW 14 LN APT 2401  Address  MIAMI, FL 33184  City/State and Zip Code  F.RAMOS@AUDIOGENEAMERICAS.COM  E-mail address: (to be used for future annual report notification)  cerning this matter, please call:  RUIZ  786  600-8255  at (  RUIZ  786  Area Code  Daytime Telephone Number  Cortificate of Status  Certificd Copy  Certificate of Status

#### 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 ARTICLES OF ORGANIZATION **OF**

AUDIOGENE	E AMERICAS LLC	
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed onFLORIDA	and assigned
Florida document number L15000134290	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	ESS)	
		- 15 FALL
		<b>8 2 3 6</b>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<b>H</b> 50
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		r the name of the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	Zip Code
	Cur	MP COUR

#### 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.

City

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>	<u>Address</u>	Type of Action
MGRM	JOSE VITOR VISCELLI SILVA	9851 NW 58TH ST STE 123	■ Add
		DORAL, FL 33178	□ Remove
			☐ Change
MGRM	HELITON LUIS PAULINI	9851 NW 58TH ST SUITE 123	<b>=</b> Add
		DORAL, FL 33178	☐ Remove
			□ Change
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	- John 1	Signature of a	member or autho	rized representat	ive of a membe	•		

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