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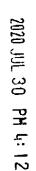


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S. YOUNG



COVER LETTER

TO: Registration So Division of Cor			
CPLUX US	SA LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EDNA MENDEZ		
		Name of Person	
	EMPIRE BUSINESS & T	AX ADVISORS, ELC	
		Firm/Company	······
	120 BROADWAY AVE S	SUITE 302	
		Address	
	KISSIMMEE , FL 34741		
		City/State and Zip Code	·····
	ednamendez@empirebta.co	m	
	E-mail address: (to be used for future annual report noti	fication)
For further information e	concerning this matter, please c	all:	
EDNA MENDEZ		407 613-0850	
Name o	f Person	at () Area Code Daytim	e Telephone 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)
Mailing Addres Registration 9		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	2.7	The Centre of T	fallahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CPLUX USA LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	(ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{115000134646}{}$.	30
This amendment is submitted to amend the following:	oility company here:
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6735 Conroy Windermere Rd
(Principal office address MUST BE A STREET ADDRESS	Suite 307
	Orlando Fl 32835
Enter new mailing address, if applicable:	6735 Conroy Windermere Rd
(Mailing address MAY BE A POST OFFICE BOX)	Suite 307
	Orlando Fl 32835
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Emer Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature if changing Registered Agent	

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 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>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blo	t be specific and cannot be prior to ock does not meet the applicab			
document's effective date on the De				
document's effective date on the De ne record specifies a delayed effective and is filed.	e date, but not an effective tim	e, at 12:01 a.m. on the ec	trlier of: (b) The 90th day at	ter the

Filing Fee: \$25.00