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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

- Div	ision of Cor	porations			:
	AMERICA.	N ASSIST USA, LLC			
SUBJECT:		Name of Li	mited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are su	bmitted for filing.		
Please return	all correspo	ndence concerning this matte	er to the following:		
		GUILLERMO TAMAY	0		
			Name of Person		
		ADDIUVA ENTERPRIS	EES, LLC		
			Firm/Company		ž
		11405 CARRINGTON A	VENUE		-
			Address		_
		PARKLAND, FLORIDA	. 33076		
			City/State and Zip Code		<u>5</u>
		GTAMAYO@ADDIUVA			0
		E-mail address:	(to be used for future annual report n	otification)	
For further in	nformation co	oncerning this matter, please	call:		
GUILLERM	O TAMAYO)	954 8058607 at ()		
-	Name of	Person		ime Telephone Number	
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	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)	
	ling Address		Street Address: Registration S	Continu	
	gistration S vision of Co	orporations	Division of C		
). Box 632		The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN ASSIST USA, LLC

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)			
The Articles of Organization for this Limited Liability Companies Florida document number 1.15000143779	y were filed on 8/21/2015	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
ADDIUVA ENTERPRISES, LLC				
The new name must be distinguishable and contain the words "Limited Lial	oility 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)		221		
		OG SE		
		9 (2)		
Estantan and and decoration bloom		P		
Enter new mailing address, if applicable:		1		
(Mailing address MAY BE A POST OFFICE BOX)	,			
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 register		
Name of New Registered Agent:				
N Bariana d Office Address				
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agen	<u>l:</u>			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and l provided for in Chapter 605, F.S	am familiar with and . Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

•	•	
	MGR =	Manager
	AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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fan effectiv Note: If tl	date, if other than e date is listed, the date the date inserted in this s effective date on th	must be specific and is block does not n	l cannot be prior t neet the applica	o date of filing or ble statutory fi	more than 90 day	(optional) es after filing.) Puts, this date wil	rsuum to 605.02 I not be listed :
record sp I is filed.	ecifies a delayed effe	ective date, but not	an effective tin	ne, at 12:01 a.n	n. on the earlier	of: (b) The 90	Ith day after th
08/ ated	5/2022	<u></u> .		ionin'	\		
		Qiamia	nember or author	101100	on of a market		

Filing Fee: \$25.00