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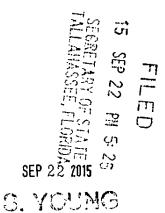
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Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		

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COVER LETTER

GEMA'S SUBJECT:	GROUP USA, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	NELSON BALLESTERO	3	
		Name of Person	
	NELPI SERVICES, INC.		
		Firm/Company	
	2393 S CONGRESS AVE	STE 223	
	<u>.</u>	Address	
	WEST PALM BEACH FL	33406	
	NELSON@NELPISERVIC	City/State and Zip Code	SEP LLANK
	E-mail address: (to be used for future annual report notif	
For further information	concerning this matter, please ca	all:	
NELSON BALLESTE	EROS	561 3198676	5: 2 ORID
Name	e of Person		e Telephone Number
Enclosed is a check for	the 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 ADDRESS:

Registration Section Division of Corporations

TO:

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 TO ARTICLES OF ORGANIZATION OF

GEMA'S GROUP USA, LLC		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on	2/2015 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the		ignation "LLC" or the abbreviation "L.L.C."
Principal office address MUST BE A STRE	- ·	
Truncipus Office and ess most DE ASTRES	J. T. DO KLOSY	물음 하
Enter new mailing address, if applicable:		SEP 22 RELAN
Mailing address MAY BE A POST OFFICE	<u></u>	mo g D
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the
Name of New Registered Agent:	ERIKA A. MATHEUS	
New Registered Office Address:	3302 N.W. 53RD CIRCLE	
	Enter Floria	la street address
	BOCA RATON	, Florida 33496
	City	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.

ERIKA A HATHEUS

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	ERIKA A. MATHEUS	3302 N.W. 53RD CIRCLE	
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ective date, if other than the d effective date is listed, the date must be te: If the date inserted in this bloc	be specific and cannot be prior	to date of filing or more	than 90 days after filing	g.) Pursuant to 605.
sument's effective date on the Dep			squirements, tills date	, will not be fisie
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record specifies a delayed	effective date but no	nt an effective tim	្តាឡា ne at 12:01 គឺការ	; ໄດ້ຜູ້ໃນe.earlie
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Page 3 of 3

Filing Fee: \$25.00