## LEWEN

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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S. YOUNG

## **COVER LETTER**

	egistration Sect vision of Corp			
SUBJECT		SCO USA LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retur	rn all correspond	dence concerning this matter	to the following:	
		PEDRO FORT		
			Name of Person	
		JUAN BOSCO USA LLE	С	•
			Firm/Company	
		1580 SAWGRASS COI	RPORATE PKWY SUITE 130	
			Address	
		SUNRISE, FL 33323		
			City/State and Zip Code	
		pedro.fort.b@gmail.com		tion)
			to be used for future annual report notifica	
For further	information cor	ncerning this matter, please ca	all:	ST CT
PEDRO F	ORT BERBE	L	954 315-4620	東部 コ
	Name of I	Person		elephone 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
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

JUAN BOSCO USA LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our record mited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Com- Florida document number <u>L15000159712</u>	npany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>هم جرات</u>
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:	·	10 E
(Mailing address MAY BE A POST OFFICE BOX)		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	
	Lines i wind sifeel address.	•
	, Flo	orida Zip Code
	City	esp coue

## 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>	<u>Address</u>	Type of Action
AMBR	PEDRO FORT	1580 SAWGRASS CORP Pkwy	<b>■</b> Add
		SUITE 130	□ Remove
		SUNRISE, FL 33323	□ Change
			Add
			Remove
			Change
		<del></del>	Remover
			Change  Add
			Remove
			☐ Change
<del></del>			
			Remove
			Change
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		-	Remove
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Filing Fee: \$25.00