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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Ви	siness Entity Na	me)
(Do	cument Number)
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OCT 16 2015

J SHIVERS

COVER LETTER

Division of Co	orporations .		
FRIC US.	A LLC		
	Name of Lim	ited Liability Company	
	•		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	PATRICK MOYAL		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	MOYAL ACCOUNTING	SERVICES INC	
		Firm/Company	1.5,5-1.4
	10796 PINES BLVD SUIT	ГЕ 204	
	Prince - 2 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Address	
	PEMBROKE PINES FLO	RIDA 33026	
		City/State and Zip Code	
	NATHALIE@MOYALAC		
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
PATRICK MOYAL		954 430-3930 at ()	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
. \$25.00 Fining Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	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

FRIC USA LLC			
(<u>Name of the Limiter</u> (A	Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia	bility Company were filed on 10	/7/2015	and assigned
Florida document number L15000169852	•		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company h	ere:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the o	designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
·			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
B. If amending the registered agent and/o	r registered office address o	n our records, <u>en</u>	ter the name of the ne
registered agent and/or the new registered offi	ice address here:		5 OCT CRETY LAHA
Name of New Registered Agent:			SS 5 CHARLES
New Registered Office Address:			79 = 77
	Enter Flo	orida street address	D 7:51 ORIG
	City	, Florida	Zin Coda

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	FREDERIC ROUCHE	18727 OCEA	18727 OCEAN MIST DRIVE		
		BOCA RATO	ON FLORIDA 33498	≅ Remove	
				☐ Change	
				☐ Add	
				Remove	
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				☐ Remoye	
				☐ Change	
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				Remove	
				Change	

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Frist name: Regine Sarah								
Last name: Saadia Rouche								
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						TAR TASS		
						SFE,	5 AM	Taken
						—————————————————————————————————————	H 7.	
		10/7/20	15			ATE ORID	5	تخريبسدية
fective date, if other than the an effective date is listed, the date must be at the date inserted in this blocument's effective date on the D	t be specific a ock does no	ing: and cannot be p it meet the ap	orior to date o	filing or more t		er filing.) Pur		
record specifies a delayed The 90th day after the rec			not an ef	fective time	e, at 12:01	a.m. on t	the ea	arlier
ated 7 October		2015	·			•		
(D) 16 m								

Page 3 of 3

Filing Fee: \$25.00.