(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	> #)
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COVER LETTER

TO:	Registration Sec Division of Corp			
			S USA LLC	
SUBJI	ECT:		ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Blanca Y Ortiz	
			Name of Person	
			LB.S USA LLC	
			Firm/Company	
			3311 El Jardin Dr apt 4	
			Address	
			Hollywood, FL 33024	
			City/State and Zip Code	····
			yaimi74@yahoo.it	
		E-mail address: (to be used for future annual report n	otification)
For fu	ther information co	oncerning this matter, please ca	all:	
Blanca	ı Y Ortiz Rodrigue	z	561	543-1329
	Name o	f Person	at () Area Code Days	ime Telephone Number
Enclos	ed is a check for th	ne following amount:		
≘ \$2	5.00 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

1.B.S US	SA LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appeared Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	10.08.2015	and assigned
Florida document number L15000171541			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company h	<u>ere</u> :	
N/A			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the c	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET ADDRESS)			6 V .
			7 2 RE F
Enter new mailing address, if applicable:		N/A	FATE CONTRACTOR
(Mailing address MAY BE A POST OFFICE BOX)			₹ ₹90
			œ ×××
			39 39
B. If amending the registered agent and/or registered registered agent and/or the new registered office address between the control of the new registered of the address between the control of the contr		n our records, <u>ente</u>	er the name of the nev
Name of New Registered Agent:		:/A	
New Registered Office Address:			
	Enter Flo	rida street address	
		, Florida	
	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.

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>	Address	Type of Action
MGR	RIGATONY STAMERRA LLC	2464 CENTERGATE DR	
		APT 303. MIRAMAR, FL 33025	■ Remove
			Change
			Add
			□ Remove
			Change
			☐ Remove
			Change
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Effective d	ate, if other than the date of filing:		(optional)
f an effective Note: If the	date is listed, the date must be specific and c date inserted in this block does not me	cannot be prior to date of filing or more than 90 days get the applicable statutory filing requirements	s after filing.) Pursuant to 605.0207 s, this date will not be listed as
document's	effective date on the Department of Sta	ate's records.	
ne record	specifies a delayed effective da	ate, but not an effective time, at 12:	01 a.m. on the earlier of
	n day after the record is filed.	nay but not an anadere time, at the	TE SILL OF THE SURFICE OF
	May 5	2018	
Dated	May 5		
		While	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00