

L15000181921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

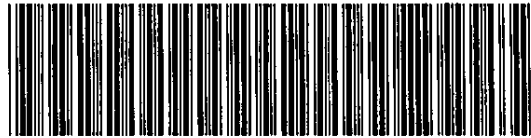
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TAMMUNSEE, FLORIDA

S Warren
FEB 07 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SR44 USA, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGELA MACK

Name of Person

TAX ACCOUNTING & FINANCIAL SPECIALISTS LLC

Firm/Company

2295 S HIAWASSEE RD SUITE 407F

Address

ORLANDO FLORIDA 32835

City/State and Zip Code

CREATRIX@CFL.RR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA MACK at **407** **403-3339**
Name of Person Area Code Daytime 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
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**

SR44 USA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/26/2015 and assigned Florida document number L15000181921.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida 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

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STATE OF FLORIDA
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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GREEN BAY, LLC	2295 S. Hiwassee Rd St 407C	<input checked="" type="checkbox"/> Add
		Orlando, FL 32835	<input type="checkbox"/> Remove
MGR	LANDPAR USA, LLC	1450 Brickell Ave 18th Floor	<input checked="" type="checkbox"/> Add
		Miami, Florida 33131	<input type="checkbox"/> Remove
MGR	DOMO USA, LLC	1450 Brickell Ave 18th Floor	<input checked="" type="checkbox"/> Add
		Miami, Florida 33131	<input type="checkbox"/> Remove
MGR	BVP PROPERTIES HOLD	EDIFICIO P.H. PLAZA 2000, CALLE 50	<input type="checkbox"/> Add
		PANAMA REPUBLIC OF PANAMA	<input checked="" type="checkbox"/> Remove
		PA 0808 PA	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 SECRETARY OF STATE
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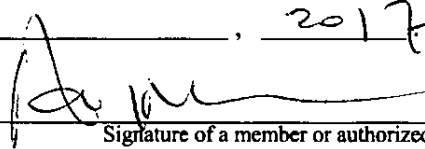
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This Amendment is to inform that "SR44 USA, LLC" added and removed the
members as per informed above and all the rights will be shared as per meeting
between them.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 211, 2017



Signature of a member or authorized representative of a member

ANA M SCHWA

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA