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

Division of Cor		
NANO4LI SUBJECT:	IFE USA, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	ROBERT REICHERT	
	Name of Person	
	NANO4LIFE USA, LLC	
	Firm/Company	
	7669 NE SPANISH TRAIL CT	
	Address	
	BOCA RATON,FL 33487	
	City/State and Zip Code	
	REICHERT_ROB@YAHOO.COM E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
ROBRET REICHERT	617 240-1138 Signal at ()	20
Name o	of Person Area Code Daytime Telephone Number	4770444
Enclosed is a check for the	0	
\$25.00 Filing Fee	(additional copy is enclosed) Certified (e of Status

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

NANO USA LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
he Articles of Organization for this Limited Liab	ility Company were filed on FEBRUARY 2, 2016 and assigned
lorida document number 1.16000022482	·
his amendment is submitted to amend the follow	ing:
. If amending name, enter the new name of th	ne limited liability company here:
NANO4LIFE USA, LLC	
ne new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable	le:
Principal office address MUST BE A STREET	
THE DAY OF SECURITION OF THE PARTY OF THE PA	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	<u> </u>
3. If amending the registered agent and/or	registered office address on our records, enter the mame of the
egistered agent and/or the new registered offic	e address here:
Name of New Registered Agent:	
New Registered Office Address:	
	$\frac{2}{\omega}$
-	, Florida
	Cuy Zip Coae

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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			Remove
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			Add
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ective date, if other than the effective date is listed, the date mi	e date of filing:ust be specific and cannot b	e prior to date of fili	ng or more than 90 da	(optional) sys after filing.		to 605.02
e: If the date inserted in this but the late on the la	block does not meet the	applicable statuto	ry filing requireme	nts, this date	will not b	e listed
record specifies a delaye he 90th day after the re		ut not an effec	ctive time, at 1	2:01 a.m.	on the	earlier
ed JULY 6,	2016					
	Dolat	at Res	1000	-		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00