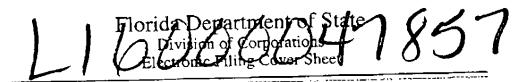
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone

: (561)694-8107

Fax Number : (561)594-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*

Email Address:\_

## Control of the contro LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIDELIS ENTERPRISES USA LLC

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## 1

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIDELIS ENTERPRISES 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 03/08/2016 and assigned  Florida document number L16000047857
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liebility Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BEA 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:
New Registered Office Address:  Enter Florida stress address
City Florida 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.

AGE 03/04

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

Title	Name	Address	Type of Action
MGR/MBR	Ivan Kapitanov	401 E LAS OLAS BLVD	■ Add
		Suite 1400	Remove
		FORT LAUDERDALE, FL 33301	□ Change
MBR	Ruben Sebastian Vargas Moleres	401 E LAS OLAS BLVD	≅ Add
		Suite 1400	☐ Remove
		FORT LAUDERDALE, FL 33301	□ Change
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