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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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TO: Registration Secti Division of Corpo			•
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	DE US, LLC	· · · · · · · · · · · · · · · · · · ·
.ekező	Traine of Binn	Ziasiniy dompany	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Severi	ne Gianese Name of Person	-Pittman, Esq.
	Gian	ESE-PHMC Firm/Company	an, P.A.
	100 N. BIS	Scarne BIVC Address	4,43070
	oliani	City/State and Zip Code	32
	Sglanese	o be used for future annual report notifi	n. Com
For further information cond	`	•	ication
Severinu Gi Name of Po	anese-PiHm		2 - 5986 e 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

Re	made	<u>US, U</u>	<u>.c</u>		
(Name of the Limited	Florida Limited Li	y as it now appears on ability Company)	our records.		
The Articles of Organization for this Limited Liab			27/16	and assi	gned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabil	ity company here:			
The new name must be distinguishable and contain the wor		ty Company," the design	nation "LLC" or the ab	breviation "L.I	C."
Enter new principal offices address, if applical					₹
(Principal office address MUST BE A STREET Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or	<u>ox)</u>			8 APR 10 M 6: 27	FILED STATE STATE STATE
registered agent and/or the new registered offi			r records, <u>enter</u>	the name o	of the new
Name of New Registered Agent: New Registered Office Address:	Gia 100 N	nese- Biscay Enter Floridas	Pittmar ne Blyc treet address	P.1 1.,#3	<u>4.</u> 3070
	Mia	City	, Florida	3313 Zip Code	2

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

Page 1 of 3

; 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 **Type of Action** <u>Name</u> <u>Address</u> **Title** ☐ Add ☐ Remove _□ Change □ Add _□ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Remove ☐ Change _□ Add □ Remove □ Change □ Add □ Remove

☐ Change

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