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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : 120060000012 : (305)826-5886 Phone : (305)722-0535 Fax Number

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

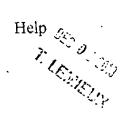
Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DISJOBEL USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT TO

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<b>♥</b> ARTI	CLES OF ORGANIZATION		ş.
	OF		
<i>*</i> .	DISJOBEL USA, LLC	#:	ď.
(Name of the Limite	d Liability Company 25 it now appears on our A Florida Limited Liability Company)	r records,)	
The Articles of Organization for this Limited Li Florida document number L16000102549	ability Company were filed on 05/25/201	6 and ass	igned
his amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designati	on "LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
marcog Ma			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our record ss bere:		ew registere
Name of New Registered Agent:	GONCALVES, JUAN		
_	7865 W 30th CT APT 107	TO FIN	
New Registered Office Address:	Enter Florida str	eet address	;
-	HIALEAH GARDENS	Riorida 33018	

## 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>	Name	Address	Type of Action
AMBR	Distribuidora Disjobel C&A, SA	AV. Principal de los Mayas, Loc 18-Coche	□ Add
		CARACAS, VENEZUELA	≣Remove
			Change
AMBR	C & I Holdings. LLC	608 SW 4th Avenue	<b>=</b> Add
		Fort Lauderdale, FL 33315	□Remove
			Change
			🗆 Add
			Remove
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fective date, if other than the effective date is listed, the date in ote:  If the date inserted in this ocument's effective date on the	ne date of filing: oust be specific and cannot block does not meet t	ne apprication	es of filing or more	than 90 days after fequirements, this	nal) iling.) Pursuant to 605.02 date will not be listed
record specifies a delayed effect is filed.	live date, but not an e	ffective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
December 3rd		019 .			
		1	The state of		
	Signature of a memb	per or authorize	d representative of	a member	
			\ \ \		