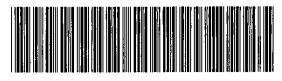
## L16000 126283

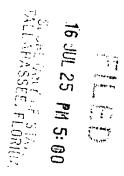
| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (Addiess)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| · (Dasiness Link) Harrey                |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



800288302088

07/26/16--01029--012 \*\*25.00





JUL 2 7 2016 Y SULKER

## **COVER LETTER**

| CUD IECT  |                   | USA LLC                          |   |                         |
|---|-------------------|----------------------------------|---|-------------------------|
| SUBJECT   | ı; <u></u>        | Name of Limi                     | ted Liability Company                       |                         |
| The enclos  | sed Articles of A | Amendment and fee(s) are subr    | nitted for filing.                          |                         |
| Please retu   | ırn all correspor | ndence concerning this matter t  | to the following:                           |                         |
| Division of Corporations  SUBJECT:  DOS RON 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:  Thomas Baur  Name of Person  Baur&Klein, PA  Firm/Company  100 North Biscayne Blvd Suite 2100  Address  Miami, FL 33132  City/State and Zip Code  tbaur@worldwidelaw.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Thomas Baur  Name of Person  1 305 377 3561  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{align*} \text{S25.00 Filing Fee} \times \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy  (certified Copy)  (certified Copy) |                   |                                  |   |                         |
|   |                   |                                  | Name of Person                              |                         |
|   |                   | Baur&Klein, PA                   |   |                         |
| . Firm/Company  |                   |                                  |   |                         |
|   |                   | 100 North Biscayne Blvd S        | Suite 2100                                  |                         |
|   |                   |                                  | Address                                     | <del></del>             |
|   |                   | Miami, FL 33132                  |   |                         |
|   |                   |                                  | City/State and Zip Code                     |                         |
|   |                   |                                  |   |                         |
|   |                   | E-mail address: (t               | to be used for future annual report notific | cation)                 |
| For further   | r information co  | oncerning this matter, please ca | all:  |                         |
| Thomas B  | Baur              |                                  | 305 377 3561<br>at ()                       |                         |
|   | Name of           | Person                           | Area Code Daytime                           | Telephone Number        |
| Enclosed  | is a check for th | e following amount:              |   |                         |
| \$25,00   | 0 Filing Fee      |                                  | Certified Copy                              | Certificate 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

| DOS RON USA LLC  |  |                               |
|--|--|-------------------------------|
| (Name of the Limited I<br>(A)                            | Liability Company as it now appears on our records<br>Florida Limited Liability Company) | .)                            |
| he Articles of Organization for this Limited Liabi       |  | and assigned                  |
| orida document number L16000126283                       | ·  |                               |
| his amendment is submitted to amend the followi          | ng:  |                               |
| a. If amending name, enter the new name of th            | e limited liability company here:  |                               |
| he new name must be distinguishable and contain the word | s "Limited Liability Company," the designation "LLC"                                     | 'or the abbreviation "L.L.C." |
| nter new principal offices address, if applicabl         | e:   |                               |
| Principal office address MUST BE A STREET A              | IDDRESS)   |                               |
|  |  |                               |
|  |  |                               |
| inter new mailing address, if applicable:                |  |                               |
| Mailing address MAY BE A POST OFFICE BO                  | <u></u>  |                               |
|  |  | 26                            |
|  |  |                               |
| 3. If amending the registered agent and/or               | registered office address on our records   | , enter the name of the       |
| egistered agent and/or the new registered office         | <u>e address here</u> :  | CIP. OI PERSON                |
|  |  |                               |
| Name of New Registered Agent:                            |  | 25 <b>i</b> i (1)             |
|  |  | 000                           |
| New Registered Office Address:                           | Enter Florida street address   |                               |
|  | Enter Florida Street daaress   |                               |
| -  |  | orida                         |
|  | 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>     | Type of Action     |
|--------------|----------------|--------------------|--------------------|
| AMBR         | Blaschke, Ralf | Duerener Str. 152  | □ Add              |
|              |                | Koeln, NW 50931 GE | Remove             |
|              |                |                    | Change             |
| AMBR         | Plaschke, Ralf | Duerener Str. 152  | Add                |
|              |                | Koeln, NW 50931 GE | Remove             |
|              |                |                    | Change             |
|              |                |                    | Add                |
|              |                |                    | _ □ Remove         |
|              |                |                    | Change             |
|              |                |                    | 6 JUAd<br>LLAHASSE |
|              |                |                    | S C C              |
|              |                |                    | Change             |
|              |                |                    | Add                |
|              |                |                    | Remove             |
|              |                |                    | Change             |
|              |                |                    |                    |
|              |                |                    | □ Remove           |
|              |                |                    | Change             |

|   |                                       | _          |
|---|---------------------------------------|------------|
|   |                                       |            |
|   |                                       | _          |
|   |                                       | _          |
|   |                                       |            |
|   |                                       |            |
|   |                                       | _          |
|   |                                       |            |
|   |                                       | _          |
|   |                                       | _          |
|   |                                       |            |
|   |                                       | -          |
|   |                                       |            |
|   |                                       |            |
|   |                                       | _          |
|   |                                       |            |
|   |                                       |            |
|   |                                       | _          |
|   |                                       |            |
|   |                                       |            |
|   |                                       | <u>.</u> . |
|   | SSE CA                                | i in       |
|   |                                       |            |
|   | ** 5. 00<br>FLORIDA                   | <u></u>    |
|   | . <b>00</b><br>Rio,                   | 4,         |
| ective date, if other than the date of filing:  |                                       |            |
| n effective date is listed, the date must be specific and cannot be prior to date of fi |                                       | 05.020     |
| te: If the date inserted in this block does not meet the applicable statut              |                                       |            |
| cument's effective date on the Department of State's records.                           |                                       |            |
|   |                                       |            |
| record specifies a delayed effective date, but not an effe                              | ective time, at 12:01 a.m. on the ear | lier c     |
| The 90th day after the record is filed.   |                                       |            |
| <b>~</b>  |                                       |            |
| ted <u>manin</u> , 07-18-2016   |                                       |            |
| ~ · · · · ·   |                                       |            |
|   |                                       |            |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00