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(((H190001728523)))



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To:

Division of Corporations

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From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : I20150000089 Phone : (305)444-6800 Fax Number : (305)444-4010

\*\*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 DISTECNA USA LLC.

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## H&Co

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(H19000172B523)

DISTECNA USA LLC		
(Name of the Limited Liability Compa (A Florida Limited I	oy as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000137652</u>	were filed on 07/18/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		2
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	Mee address on our records, <u>s</u> <u>e</u> :	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
THE STATE OF THE S	Enter Florida street address	
	, Flori	dв
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.S.	l am familiar with and S. Or, if this document is
If Cha	policy Begistered Agent Signature of N	New Registered Agent

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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>	Nume	Address	Type of Action
MGR	DISTECNA TECHNOLOGY CORP	Bahamas Financial Centre, 2nd Floor, Shirley and Charlotte Streets, Nassau BS	🗆 Add
			■ Remove
			Change
MGR	Juan Jose Noguera	2330 Ponce De Leon Blvd Coral Gables, Florida 33134	🛱 Add
		<u> </u>	Report
MGR	Gustavo Edgardo Gil Tomietto	2330 Ponce De Leon Blvd Coral Gables, Florida 33134	- ■ Add
		•	H 100 Remove 20
			Change
			Add
			□ Remove
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			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_	
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	2019 HAY	<u> </u>
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	_ <b>_</b>	
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	605.0207 (3 Kb) listed as the	,
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea (b) The 90th day after the record is filed.	arlier of:	
Dated 29 MAY, 2019.	<u>-</u>	
Signature of a member or authorized representative of a member    DUM	-	
Typed or printed name of signee		

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