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J. HARRIE

## **COVER LETTER**

TC		gistration Sec rision of Corp			
CI.	ID IECT.	BAYFRON	TUSA LLC		
SU	BJECT:		Name of Limit	ted Liability Company	
Th	e enclosed	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Ple	ease return	all correspon	dence concerning this matter t	o the following:	
			Patricia Barca		
				Name of Person	
			Innovation Tax and Trust U	IS LLC	
				Firm/Company	
			119 Washington Ave. Suite	403	
				Address	
			Miami Beach, Fl. 33139		
				City/State and Zip Code	
			p.muniz@innovation.com.uy		
			E-mail address: (to	o be used for future annual report notif	ication)
Fo	r further in	nformation co	ncerning this matter, please ca	II;	
Pa	tricia Baro	ca		305 604-6031	
		Name of	Person	Area Code Daytime	e Telephone Number
En	closed is a	a check for the	e following amount:		
	\$25.00 F	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

BAYFRONT USA LLC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our recor imited Liability Company)	'ds.)
The Articles of Organization for this Limited Liability Con Florida document number 116000157027	mpany were filed on $\frac{08/22/2016}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	<u> </u>
		<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		# \$\frac{1}{2}\tilde{S}_2S
3		F 5
		##:
B. If amending the registered agent and/or register egistered agent and/or the new registered office address		ds, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member '

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	INNOVATION US MANAGEMEI	119 WASHINGTON AVE. SUITE	Add
		MIAMI BEACH, FL 33139	■ Remove
			□ Change
MGR	FRANCESC XAVIER PEREZ	CL VAZQUEZ LEDESMA, JOSE	
		PALAIS BIARRITZA A701	□ Remove
		MOTEVIDEO, URUGUAY	Change
			Add
			Remove
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	Signature of a member or	authorized representativ	ve of a member	

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