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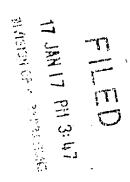
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O SIMMONS JAN 18 2017

COVER LETTER

TO: Registration Sect Division of Corpe			
SUBJECT: Touc	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	MARIA LI	Name of Person	
	Touch U	SA LCC Firm/Company	
	1800 DORB	L BLUD, #4555	Dorac, FC. 33H8
	DORAL, F	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notification	ion) com
For further information con	cerning this matter, please cal	II:	
MARIA LULIA Name of F	LOCEMA Person	at (786) 389~6 Area Code Daytime Tel	981 Rephone 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

Touch USA	+ LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our reida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	- •	and assigned
Florida document number <u>L16 000 16</u>	2168	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	"LLC" or the abbreviation "EL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	2 P P P P P P P P P P P P P P P P P P P
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		-
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	Ch.	, Florida
	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 = Ms $AMBR = At$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>M6R</u>	MARIA LUISA LEDEZMA	BOODDOLAL BLUD #4555 DOLAL, PC 33178	□ Add
		·	Remove
			Change
<u>M6R</u>	ENTIQUE Moupez	7550 SW 153CT # 103 EP188 JA , IWAIM	□ Add
			Remove
			Change
MGR	GABRIEL CROLLI	7550 SW 15807 #103 MIAMI, PC 33193	□ Add
			Remove
			_□ Change
			_□ Add
			_□ Remove
		. <u> </u>	Change
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f an effect Note: If	e date, if other tive date is listed, to the date inserted t's effective dat	he date must be d in this block	specific and does not a	d cannot be property	prior to date plicable st	of filing or m	ore than 90 c g requireme	_ (optiona lays after fili ents, this da	ng.) Pursuani	t to 605.020 be listed as
	rd specifies a Oth day afte				not an e	effective I	ime, at 1	2:01 a.m	n. on the	earlier o
Dated <u>C</u>	01/10)		, 20	7.					

Page 3 of 3

Filing Fee: \$25.00