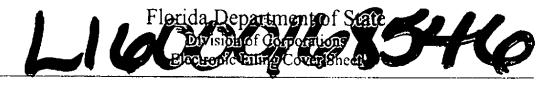
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JP GLOBAL BUSINESS

Account Number : I20130000083 Phone : (305)359-3700 Fax Number : (786)217-1243

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

Email Address:

OCCURACIONED WILLO

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRISTOL USA LLC

| Certificate of Status | 0       |
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Corporate Filing Menu

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## **COVER LETTER**

|                            | ation Sect<br>n of Corp |  |   |  |  |  |
|----------------------------|-------------------------|--|---|--|--|--|
| вивист.                    | RISTOL                  | USA LLC                                      |   |  |  |  |
| SUBJECT:                   |                         | Name of Limit                                | ed Liability Company                          |  |  |  |
| The enclosed Art           | ticles of A             | mendment and fee(s) are subn                 | nitted for filing.                            |  |  |  |
| Please return all          | correspon               | dence concerning this matter t               | o the following:                              |  |  |  |
|                            |                         | SONIA BOTERO                                 |   |  |  |  |
|                            |                         |  | Name of Person                                |  |  |  |
|                            |                         |  |   |  |  |  |
| Firm/Company               |                         |  |   |  |  |  |
| 1395 BRICKELL AVE STE 1380 |                         |  |   |  |  |  |
|                            |                         |  | Address                                       |  |  |  |
|                            |                         | MIAMI FL 33131                               | ,   |  |  |  |
|                            |                         |  | City/State and Zip Code                       |  |  |  |
|                            |                         | MASTER@JPGBUSINESS                           | .COM o be used for future annual report not   | ification)   |  |  |
| For further infor          | rmation co              | incerning this matter, please co             |   |  |  |  |
| GASTON MON                 | NTAGNA                  |  | 305 3593700                                   |  |  |  |
|                            | Name of                 | Person                                       | 305 3593700<br>at ()<br>Area Code Daytin      | ne Telephone Number  |  |  |
| Enclosed is a ch           | eck for th              | e following amount:                          |   |  |  |  |
| <b>≣ \$25.00</b> Filir     | ng Fee                  | ☐ \$30.00 Filing Fee & Certificate of Status | (additional copy is enclosed)                 | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
| Regis                      | e Address               |  | Street Address: Registration S Division of Co |  |  |  |

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

((A20001258633))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 AFR 29 AH 10: 55

Zip Code

|  | 50000  | 5         |
|--|--|-----------|
| BRISTOL USA LLC  |  |           |
| (Name of the Limited Liability Company as it now<br>(A Florida Limited Liability Co.   | w appears on our records.) mpany)                          | •         |
| The Articles of Organization for this Limited Liability Company were filed Florida document number L16000168546                | d on and assigned  |           |
| This amendment is submitted to amend the following:  |  |           |
| A. If amending name, enter the new name of the limited liability comp  | pany here:   |           |
| The new name must be distinguishable and contain the words "Limited Liability Compar   | ny," the designation "LLC" or the abbreviation "L.L.C."    |           |
| Enter new principal offices address, if applicable:  |  |           |
| (Principal office address MUST BE A STREET ADDRESS)  |  |           |
| ·  |  |           |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  |  |           |
|  |  |           |
| B. If amending the registered agent and/or registered office address o<br>agent and/or the new registered office address here: | on our records, <u>enter the name of the new registers</u> | <u>ed</u> |
| Name of New Registered Agent:  |  |           |
| New Registered Office Address:   | Enter Florida street address                               |           |
|  | . Florida  |           |

## 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.

City

If Changing Registered Agent, Signature of 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<br>AMBR = Authorized Member |                      | 2020 AFR 29 AH 10: 55                 |                |  |  |  |
|---|----------------------|---------------------------------------|----------------|--|--|--|
| <u>Title</u>                              | <u>Name</u>          | Address                               | Type of Action |  |  |  |
| MGR                                       | GASTON MONTAGNA      | RECONQUISTA 554, PISO 3 OFC B         |                |  |  |  |
|   |                      | BUENOS AIRES 1003 AR                  | Remove         |  |  |  |
|   |                      |                                       | Change         |  |  |  |
| MGR                                       | GRACIELA B. LOPEZ P. | 1395 BRICKELL AVE                     | <b>=</b> Add   |  |  |  |
|   |                      | MIAMI FL 33131                        | □ Remove       |  |  |  |
|   |                      |                                       | ☐ Change       |  |  |  |
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|   |                      |                                       | □Remove        |  |  |  |
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| Tective date, if other an effective date is listed ote: If the date inserpocument's effective d  | d, the date must be spec<br>ted in this block doe | of filing:<br>cific and cann<br>es not meet t | the applicable   | late of filing or n | nore than 90 da<br>ng requiremen | (optional) ys after filing. nts, this date | ) Pursuant to (<br>will not be l | 605.020<br>isted a |
| ecord specifies a del<br>is filed.   | ayed effective date,                              | but not an e                                  | ffective time.   | , at 12:01 a.m.     | on the earlie                    | rof:(b) Th                                 | e 90th day a                     | fter the           |
| ated APRIL 29TH  |   | <del>,</del> 20                               | )20              |                     |                                  |  |                                  |                    |
| \ \1   | Signati   | ure of a mem                                  | oer or authoriz  | ed representative   | e of a member                    | <u></u>                                    |                                  |                    |
|  |   |   |                  |                     |                                  |  |                                  |                    |
| GASTON   | MONTAGNA  |   |                  |                     |                                  |  |                                  |                    |

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