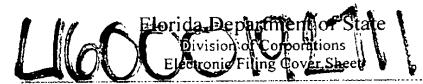
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To:

Division of Corporations

Fax Number : (850) 617-6383

Prom:

Account Name : FASTAX & ACCOUNTING, INC.

Account Number : 120070000088 : (407)574-4009 : (407)574-4965 Fax Number

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PIC ENTERPRISES USA LLC

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D. SCOTT

JUN 2 3 2017

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06/22/17

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIC ENTERPRISES USA LLC				₹% <b>≒</b>
(Name of the Limi	ed Liability Comps (A Florida Limited I	iny as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited L Florida document number L16000192711	iability Company	were filed on 10/19/20	16	and assigned [
This amendment is submitted to amend the following	-			<b>登 8 0</b> (110)(14)
A. If amending name, enter the new name of	f the limited liab	ility company here:		\$ " <del>-</del>
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designat	ion "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		333 W FRANKLIN S	r	
		OCOEE, FL 34761		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		OCOEE, FL 34761		
New Registered Office Address:	12950 W COLONIAL DR  Enter Florida street address			
	WINTER GA	RDEN	, Florida <u>3478</u>	37
		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.

Al Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

or (cinosee	I from our records:				
MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	ALBELDA, ROCHELLE	333 W FRANKLIN ST	□ Add		
· · · · · · · ·		OCOEE, FL 34761	☐ Remove		
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\_ Change

((141700010030	5 of 5 06/20/2017 2.28 PM
). If amending any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)
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 off Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, the statutory filing requirements of State's records.	tional) ler filing.) Persuant to 605.0207 his date will not be listed as
document's effective date on the Department of State 3 records.	
document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	1 a.m. on the earlier o
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	a.m. on the earlier o
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	1 a.m. on the earlier o
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	17 JUN 22
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.  Dated JUNE 16	17 JUN 2

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