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COVER LETTER

SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: RICCARDO DUGINI Name of Person DENIRBOOTCO USA, LLC Firm/Company 3500 FAIRLANE FARMS RD, STE 6 Address WELLINGTON, FL 33414 City/State and Zip Code riccardo@denirobootcousa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Riccardo Dugini Name of Person Daytime Telephone Number Enclosed is a check for the following amount:		ration Section on of Corporations	
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	Riccardo Dugi	at ()
Enclosed is a check for the following amount:		Name of Person Area Code	Daytime Telephone Number
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(additional copy is enclosed) Certified Copy	□ \$25.00 Filir	Certificate of Status Certified Cop	oy Certificate of Status &

MAILING ADDRESS:

41

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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DENIROBOOTCO USA, LLC	·		
(Name of the Lim	ted Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)
The Articles of Organization for this Limited I Florida document number L16000229429	iability Company	were filed on DEC	and assigned
This amendment is submitted to amend the following	lowing:		0 4
A. If amending name, enter the new name of			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the des	ignation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the Enter new principal offices address, if application of the Annie of the Annie of the Enter new principal office address MUST BE A STREET	cable:	3500 FAIRLANE	FARMS RD, STE 6
(Principal office address MUST BE A STRE	ET ADDRESS)	WELLINGTON,	FL 33414
			FARMS RD, STE 6
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	nov.	WELLINGTON,	
B. If amending the registered agent and registered agent and/or the new registered o	or registered of		our records, enter the name of the new
Name of Registered Agent:	ANITA SGUIO	INA	·
New Registered Office Address:	3500 FAIRLAN	NE FARMS RD, STI	
		Enter Florid	a street address
,	WELLINGTON		, Florida 33414
Now Designated Agent's Cinnature if the series		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 **Title** <u>Name</u> **Address Type of Action** MGR RICCARDO DUGINI 3500 FAIRLANE FARMS RD, #6 🔳 Add WELLINGTON, FL 33414 □ Remove ☐ Change ☐ Remove ☐ Change _□ Add □ Remove _□ Change □ Add □ Remove ☐ Change □ Add

☐ Remove

☐ Change

Effective date, if other than the date of filing: JULY 5, 2017 (optional) 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 605.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 190th day after the record is filed. Dated July 5 Auti			
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Anita Som Fre	****		
Anita Som Fre	Dated	July 5, 2017.	
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		Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00