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| Special Instructions to F | Filing Officer: | |
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|---------------|-----------------|---|---|---------------------------------|-----------------|
| CHRIPCT: | THE CARPE | ENTERS USA LLC | | | |
| SUBJECT. | · | Name of Limite | ed Liability Company | | |
| | | mendment and fee(s) are subm | | | |
| Please return | n all correspon | dence concerning this matter to | the following: | | |
| | | BEN, YEHUDA | | | |
| | | · | Name of Person | **** | - |
| | | THE CARPENTERS USA | | | |
| | | | Firm/Company | | - |
| | | 2848 STIRLING RD SUITE | EC | | |
| | | | Address | | - |
| | | HOLLYWOOD, FL 33020 | | | |
| | | | City/State and Zip Code | | |
| | | thecarpentersusa@gmail.com E-mail address: (to | be used for future annual re | eport notification) | |
| For further | information co | ncerning this matter, please cal | 1: | | |
| BEN, YEH | UDA | | 786 916- | -9131 Daytime Telephone Number | |
| | Name of | Person | Area Code | Daytime Telephone Number | г |
| Enclosed is | a check for the | e following amount: | | | |
| \$25.00 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificosed) Certific | ate of Status & |

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

| THE CARPENTERS USA LLC (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) | | | |
|---|---|--------------------|--|--|
| (A Florida Limited I | Liability Company) | | | |
| The Articles of Organization for this Limited Liability Company were filed on 12/22/2016 and assigned | | | | |
| Florida document number L16000230931 | · | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | |
| | | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abb | reviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 2848 STIRLING RD SUITE C | | | |
| (Principal office address MUST BE A STREET ADDRESS) | HOLLYWOOD, FL 33020 | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | 2848 STIRLING RD SUITE C | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | HOLLYWOOD, FL 33020 | | | |
| | | <u> </u> | | |
| | | | | |
| B. If amending the registered agent and/or registered of | · · · · · · · · · · · · · · · · · · · | he name of the new | | |
| registered agent and/or the new registered office address her | <u>e</u> : | · -p [| | |
| | | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| · | , 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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|---------------------|----------------|
| MGR | HAIM, WEIZMAN | 3375 N CNTRY CLB DR | |
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| | | AVENTURA, FL 33180 | Change |
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| iffective date, if o | ther than the date | of filing: | | | (optiona | al) | |
| an effective date is li Note: If the date in | sted, the date must be sp serted in this block do e date on the Departn | ecific and cannot be ses not meet the | applicable statut | iling or more that ory filing requi | 90 days after fili | ng.) Pursuant to 605. | .0207 ed as |
| e record specifi The 90th day a | es a delayed effe after the record is | ective date, b s filed. | ut not an effe | ective time, | at 12:01 a.m | ı. on the earlie | er of |
| 03/03 Dated | | 2017 | , | | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00