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SECKETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration S Division of Co		• •	
Capital In	vestment USA, LLC	Section 1	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Harry G. Reid, III		
		Name of Person	
	Harry G. Reid, III, P.L.		
		Firm/Company	
	1120 W. First Street, Suite	В	
		Address	
	Sanford, Florida 32771		
	harry@hgreid.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	lication)
For further information	concerning this matter, please ca	all:	
Harry G. Reid, III		407 321-3911 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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

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TOWAPR.	21 00
ALLAHASS	TY OF STATE

Capital Investment USA, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) CLORIOA The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L17000055517 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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>	<u>Address</u>	Type of Action
AMBR	EMAD M. SIBAI	7353 Winding Lake Circle	
		Oviedo, Florida 32765	Remove
			☐ Change
AMBR	TAREK M. SIBAI	7353 Winding Lake Circle	Add
		Oviedo, Florida 32765	☐ Remove
			■ Change
	·	·	Add
			□ Remove
			☐ Change
			TASECRE REMOVE
		·	21 STAFE (SSEE, FLORID
			A R
			□ Change
			□ Add
			☐ Remove
			Change

Title: Name: Address: AMBR Emad M. Sibai 7353 Winding Lake Circle Oviedo, Florida 32765 AMBR Tarek M. Sibai 7353 Winding Lake Circle Oviedo, Florida 32765 Oviedo, Florida 32765 itive date, if other than the date of filing: (optional) Rective 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 6 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be linemt's effective date on the Department of State's records. Cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 2 90th day after the record is filed.	The name and a	address of each person authorized	d to manage and control the Limtied Liability Company:
Oviedo, Florida 32765 AMBR Tarek M. Sibai 7353 Winding Lake Circle Oviedo, Florida 32765 Oviedo, Florida 32765 itive date, if other than the date of filing:	Title:	Name:	Address:
AMBR Tarek M. Sibai 7353 Winding Lake Circle Oviedo, Florida 32765 Live date, if other than the date of filing:	AMBR	Emad M. Sibai	7353 Winding Lake Circle
tive date, if other than the date of filing: [Coptional] [Coptional]			Oviedo, Florida 32765
tive date, if other than the date of filing:	AMBR	Tarek M. Sibai	7353 Winding Lake Circle
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Filing Fee: \$25.00