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COVER LETTER

TO: Registration S Division of Co					
Arcobalen SUBJECT:	o Chain USA LLC				
SUBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Julie Polanco				
		Name of Person			
		Firm/Company			
	334 Sarto Ave.				
	Coral Gables, FL 33134	Address			
	juliepolanco@hotmail.com	City/State and Zip Code			
For further information	E-mail address: () concerning this matter, please ca	to be used for future annual report noti	fication)	2818 D	- Y
Julie Polanco	concerning this matter, prease ex	786 523-1553		1 030	سطار هو ي کاشانه چو د غ آ
	of Person		e Telephone Number	PH 2: 3	1 1
Enclosed is a check for t	he following amount:			3- 1 O	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

MAILING ADDRESS:

TO:

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

Arcobaleno Chain USA LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) nited Liability Company)	
Articles of Organization for this Limited Liability Company were filed on April 26, 2017 da document number L17000092478		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u> </u>	
Enter new mailing address, if applicable:		Prograding
Mailing address MAY BE A POST OFFICE BOX)		
		1) 134
		(3
B. If amending the registered agent and/or registere egistered agent and/or the new registered office address		nter the name of the n
	- 	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	Name	Address	Type of Action
AMBR	Maria Rissato	334 Sarto Ave. Coral Gables, FL 33134	Add
			■ Remove
			Change
AMBR	Maria Rizzato	334 Sarto Ave. Coral Gables, FL 33134	∃ Add
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