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Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT

Account Number : I20040009167

Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one ordinate

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROVICENTER USA, LLC

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AUG 1 3 2019

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROVICENTER USA, LLC (Name of the Limits	d Liability Company as it now appear A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Li Florida document number L17000094302		
This amendment is submitted to amend the follo		
A. If amending name, enter the new name of		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the d	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		20
(Principal office address MUST BE A STREE		- 9
		<u> </u>
		7 7 7 F
Enter new mailing address, if applicable:		<u> </u>
	POV)	
(Mailing address MAY BE A POST OFFICE	<u> </u>	. 2
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address of office address here:	n our records, enter the name of the new
Name of New Registered Agent:	PBYA CORPORATE SERVICE	ES, LLC
	200 S ANDREWS AVE STE 60	00
New Registered Office Address:	Enter Flo	orida street address
	FORT LAUDERDALE	, Florida 33301 Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	ver and complete performance of istered agent as provided for in registered office address, they so change.	Chapter 003, 190. Or, 9 this seemen

Page 1 of 3

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	HEREDIA, AMALIA	100 SE 2ND ST	\ \ \ \ \
		STE 2000	■ Remove
		MIAMI, FL 33131	☐ Change
			☐ Add
			☐ Remove
			☐ Change
	<u> </u>		D Add
			Change,
			Add 7
			Change
			
			□ Remove
			☐ Change
			G Add
			☐ Remove
			Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	ry:.)	

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	<u></u>	_P#
		t : 2
E. Effective date, if other than the date of filing: (options (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this day document's effective date on the Department of State's records.	il) ng.) Pursuant to (ite will not be l	605.0207 (3)(b) isted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.n (b) The 90th day after the record is filed.	n. on the ea	rlier of:
Dated August 12 . 2019		
Signature of a member of authorized representative of a member		-
Ricardo Bajandas, Authorized Representative		
Typed or printed name of signee	 	•

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Filing Fee: \$25.00