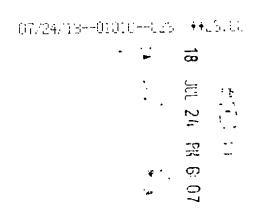
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COVER LETTER

TO:	Registration Se Division of Cor				
CHD IE		INOLOGY USA LLC			
SUBJE	A.1:	Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		JOSE L TORRES			
Name of Person					
	ONE TECHNOLOGY USA LLC				
	Firm/Company				
		1515 EAST BROWARD	BLVD APT 223		
			Address		
FORT LAUDERDALE, FL 33301					
City/State and Zip Code					
JOSETORRES954@HOTMAIL.COM E-mail address: (to be used for future annual report notification)					
For furt	ther information c	oncerning this matter, please c	•	Calenty	
JOSE L TORRES Name of Person			954 8 61- 8 114		
				Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$ 25	5.00 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

TO:

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

8

ONE TECHNOLOGY USA LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records. lorida Limited Liability Company)	2
The Articles of Organization for this Limited Liabil Florida document number L17000106274		and assigned
This amendment is submitted to amend the following	ng:	~
A. If amending name, enter the new name of the	e 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 A	DDRESS)	
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	4.	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-		rida
	City	Zîp 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	FABIOLA NATALY NOVOA	1515 EAST BROWARD BLVD A	
		FT. LAUDERDALE, FL 33301	□ Remove
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and the state of the state of	te must be specific and	cannot be prior to date c	f filing or more than 9	0 days after filing	z.) Pursua	unt to 605.0
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