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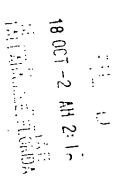
(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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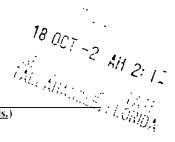
Division of Co			
B2B Tech	USA LLC		
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Philippe GIRAUD		
	B2B Tech USA LLC	Name of Person	
	113 Wild Forest Drive	Firm/Company	
	33837 Davenport, Florida	Address	
	phlppgiraud@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Philippe GIRAUD		407 7470392 at ()	
Name o	of Person	at () Area Code Daytime	: 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



B2B Tech USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number $\frac{L17000119591}{L17000119591}$.	were filed on $\frac{05 \ 31 \ 20}{20}$	and assigned
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	ity Company," the design	nation "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)		_ - -
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	treet address
		, Florida Zip Code
	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>	<u>Address</u>	Type of Action
AMBR	International Business Company LLC	600 NE 36TH STREET , SUITE C1	
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		MIAMI, FL 33137	Remove
			Change
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fecti	09 27 2018 ve date, if other than the date of filing:	l) _
an enc ote:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing if the date inscribed in this block does not meet the applicable statutory filing requirements, this date	g.) Pursuant to 605.020 e will not be listed a
rcum	ent's effective date on the Department of State's records.	
гес	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	. on the earlier o
The	90th day after the record is filed.	
	99 27 2018 PG	
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ated [
ated _	Signature of a member or authorized consentative of a member	
ated [Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00