## 117000127002

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## **COVER LETTER**

TO: Registration Sec Division of Corp		•	•
PDV USA I.	LC		
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	EDUARDO UELTSCHI		
		Name of Person	
	UELTSCHI & CO. LLC		
		Firm/Company	
	32 S. OSPREY AVE, UNI	T 101	
		Address	
	SARASOTA, FL 34236		
		City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	all:	
EDUARDO UELTSCHI		941 549-8549 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

PDV USA LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company)	_)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L17000127002		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	136 South Pineapple Ave.	
Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34236	
		SEC:
Enter new mailing address, if applicable:	136 South Pineapple Ave.	SEP 2:
Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34236	
		0 - 0
		: 36 TE NDA
<ol><li>If amending the registered agent and/or registered of registered agent and/or the new registered office address her</li></ol>		enter the name of the
Same of the leave of the control of	<u>z</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	•	rida
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			Add
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Effectiv	ve date, if other than the date of filing:	)7 (2)(L)
Note:	ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as	
docume	ent's effective date on the Department of State's records.	
		_
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on 90th day after the record is filed.	of:
Dated_	September 26 201+	
	10/4-01	
	Signature of a member or authorized representative of a member	
	Signature of a memoral	
	CHRISTIAN DELUNAS y	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00