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(Re	questor's Name)	
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SECRETARY OF STATE
AND AHASSEE. FLORIDA

K. SALY NOV - 9 2017

COVER LETTER

то:	Registration Se Division of Cor			
eun ir		NDUSTRIES		
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Luis M Poyato Molina		
			Name of Person	
		USA Gestiones, LLC		
			Firm/Company	
		990 Biscayne Blvd. Ste. 70)I	
			Address	
		Miami, FL 33132		
			City/State and Zip Code	
		luismi@usagestiones.com		
		E-mail address: (to be used for future annual report notific	cation)
For furth	ner information co	oncerning this matter, please co	all:	
Luis M	Poyato Molina		305 965-6948 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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

FILED
2817 MOV -8 PM 2: 48
TALLAHASSEE. FLORIDA

PRODOG INDUSTRIES, 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 Con	mpany were filed on $\frac{06/20/201}{}$	and assigned
Florida document number L17000134428	<u>.</u> .	
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	on "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office address agent and/or registered agent and/or the new registered agent and/or registered agent and/or the new registered agent agen		records, enter the name of the new
New Registered Office Address:		
	Enter Florida stree	et address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent at provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my du ent as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is
	If Changing Registered Agent, Sig	nature 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
AMBR	USA Gestiones, LLC	990 Biscayne Blvd, Stc. 701	□ Add
		Miami, FL 33132	■ Remove
			Change
MBR	Bonanza Restaurant Group, LLC	990 Biscayne Blvd, Ste. 701	Add
		Miami, FL 33132	■ Remove
			□ Change
MBR	Francisco J Ramirez Ortiz	Calle Morena N2, 1A	
		Granada, Spain 18015	■ Remove
			□ Change
			Add
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November 6th ated	2017			
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-	Jon.			
		horized representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00