## 117000135521

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SCONEIARY OF STATE
ALL AHASSEE FLORIDA

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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	Name of Limited Liability Company
	nclosed Articles of Amendment and fee(s) are submitted for filing.
	LESLEY ROCHA MELLO  Name of Person
	EQUIPRIME US LLC Firm/Company
	16764 BURLINGTON BRISTOL LN, DELRAY BEACH
	FLORIDA 33446  City/State and Zip Code  Lesly rochamello @ amoul Com  (Hemail address: (to be used for Tuturk Innual report notification)
For fu	rther information concerning this matter, please call:
	esley locka Hello at (561) 716 6216  Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
□ <b>\$</b> 2	25.00 Filing Fee   Certificate of Status  Certified Copy (additional copy is enclosed)  S60,00 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 ARTICLES OF ORGANIZATION **OF**

EQUIPRIME US LLC  (Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan)	Dears on our records.)
(A Florida Limited Liability Compar	y)
The Articles of Organization for this Limited Liability Company were filed on lorida document number $117000135521$ .	06/21/2017 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	here:
he new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	200 7
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	三 三 三
	7/27
nter new mailing address, if applicable:	
	95 B
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	32 100
3. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here:	on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	Florida street address
	, Florida
City	Zip Code

N

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>	Name	Address	Type of Action
MGR A <u>MBR</u>	KARINA ROCHA MELLO	7495 W. ATLANTIC AV 200 284 DELRAY BEACH FL 33446 -1302	Add
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Effective date, if other than a fan effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and s block does not n	cannot be prior to neet the applicab	date of filing or mole statutory filin	ore than 90 days af	tional) ter filing.) Purs his date will i	suant to 60 not be lis	05.0207 sted as
e record specifies a dela The 90th day after the r	yed effective d record is filed.	late, but not	an effective t	ime, at 12:01	a.m. on t	he earl	lier of
Dated JUNE 11		2019	zed representative	_			
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Page 3 of 3

Filing Fee: \$25.00