

Division of Corporations

Page 1 of 2

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Loewen, Ganaatje, McCutcheon USA, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rose M. Schindler
Name of Person
Greenspoon Murder P.A.
Firm/Company
2055 Glades Rd., Suite 400E
Address
Boca Raton, FL 33431
City/State and Zip Code
rose.schindler@gmflaw.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Rose M. Schindler
Name of Person
Tel: 222-2075
Area Code
Domestic Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$50.00 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
Cotton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Lowen, Odega, McCutcheon USA, LLC

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

The Articles of Organization for this Limited Liability Company were filed on July 29, 2017 and assigned Florida document number L17000156003

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Lowen, Odega, McCutcheon LLC

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:


Name of New Registered Agent: NRAI Services, Inc.

New Registered Office Address: 1200 South Pine Island Road

Plantation Florida 33324
City State Zip Code

New Registered Agent's Signature, If different 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 663, 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
Donna Peterson-Riggs, Acst. Secretary

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TALLAHASSEE, FLORIDA

