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COVER LETTER

Div	ision of Corp	oorations		
SURJECT:		ARTZ USA LLC		
		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	i all correspor	ndence concerning this matter	to the following:	
		ALEJANDRO GONZALEZ		
			Name of Person	 -
		EURO QUARTZ USA LLC		
		 	Firm/Company	
		8900 NW 35th LN SUITE 1		3
			Address	
	EURO QUARTZ USA LLC Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: ALEJANDRO GONZALEZ Name of Person			
		toyoalex333@gmail.com	City/State and Zip Code	
E-mail address: (to be used for future annual report notification)				cation)
For further i	nformation co	ncerning this matter, please ca	all:	
ALEJANDRO GONZALEZ		EZ	at (
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is:	a check for the	e following amount:		
		□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy

 ${\bf MAILING~ADDRESS:}$

TO:

Registration Section

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**

EURO QUARTZ USA LLC		
(<u>Name of the Lin</u>	nited Liability Company as it now ap (A Florida Limited Liability Compa	<u>pears on our records.)</u> ny)
The Articles of Organization for this Limited Florida document number L17000165041	Liability Company were filed or	08/02/2017 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compan	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	<u> </u>
(Principal office address MUST BE A STRE	SET ADDRESS)	b§ ≇ Sp ₹ N
Enter new mailing address, if applicable:		SE T P
(Muiling address MAY BE A POST OFFICE BOX)		5: 4.1 68105
B. If amending the registered agent and registered agent and/or the new registered Name of New Registered Agent:	•	
	8900 NW 35th LN SUITE 1	40
New Registered Office Address:		Florida street address
	DORAL	, Florida ³³¹⁷²
	City	Zip Code

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

MGR = N AMBR = A	lanager Authorized Member		
<u> Fitle</u>	<u>Name</u> KEVIN E. SOTO	Address	Type of Action
MGR			
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\(5/14/2019			
ated _	···			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00