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COVER LETTER

Registration Section Division of Corporations Lezita US LLC IBJECT. Name of Limited Liability Company be enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: Patrick DiSalvo Name of Person Disalvo & Associates, PLLC Firm/Company 1750 N Jog Road, Ste 150 Address West Palm Beach, FL 33411 City/State and Zip Code pd salvo@d-acpa.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Patrick DiSalvo 659-1177 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lezita US 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 Company were filed on $\frac{08/23/2017}{1}$ _____ and assigned Plbrida document number L17000180184 his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: be new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

MGR = 1	Manager	orized to manage, enter the title, name, and addre	ess of each person being added
ANIBR =	Authorized Member		
Title	<u>Name</u>	<u>Address</u>	Type of Action
Title MBR	Ergun Abaliog u	550 Okeechobee Blvd., #1208	
MBR		West Palm Beach, FL 33401	Remove
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Filing Fee: \$25.00