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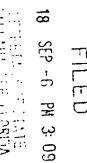
(Re	questor's Name)	···
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

SUBJECT:		IP USA LLC			
SUBJECT:	 -	Name of Limi	ted Lisbility Company		
The enclose	d Articles of A	Amendment and fee(s) are sub-	nitted for filing.		
Please retur	n all correspon	dence concerning this matter t	to the following:		
		GILVAM F DOS SANTO	S		
			Name of Person		of Status &
		GFS TAX & ACCOUNTIN	NG SERVICES		
			Firm/Company		
		2001 W CYPRESS CRE	EK RD STE 102 B		
			Address		
		FT LAUDERDALE FL 33	309		
		-	City/State and Zip Code		
		INFO@GFSTAXACCT.C	OM .		
		E-mail address: (t	o be used for future annual re	port notification)	
For further	information co	ncerning this matter, please ca	11:		
GILVAM F	DOS SANTO	08	954 9573	244	
	Name of	Person	Area Code	Daytime Telephone Number	_
Enclosed is	a check for the	following amount:			
CJ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate	of Status &

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

Registration Section

Division of Corporations

TO:

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

PTC GROUP USA LLC (Name of the L elikity Company as it new appears on our records.) orida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/30/2017 Florida document number ____L17000185959 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 2001 W CYPRESS CREEK RD STE 102 B Enter new principal offices address, if applicable: FT LAUDERDALE FL 33309 (Principal office address MUST RE A STREET ADDRESS) 2001 W CYPRESS CREEK RD STE 102 B Enter new mailing address, if applicable: FT LAUDERDALE FL 33309 (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: New Registered Office Address: Exter Florida street address Florida Zlp Code

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 Acent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each nerson being added or removed from our records:

MGR = M AMBR = A	lanager uthorized Member		
Title	Name	Address	Type of Action
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if the date inserted in this block does no	meet the applicable statutor	y filing requirements, this date will not be liste
ument's effective date on the Department of	f State's records.	
record specifies a delayed effective he 90th day after the record is file	date, but not an effect	tive time, at 12:01 a.m. on the earlie
the sources and record is the	•	
AUGUST 31	2018	
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Page 3 of 3

Filing Fee: \$25.00