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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:		· -	
	Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Dila Bango Name of Person		
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Who Bango.	
	Vene	Hromas USA	10 .
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	4+00 W	Address	<u> </u>
	Wanages (2 halseavision to be used for future annual report notif	net'
For further information	concerning this matter, please co	all:	
2000	Bango	at (561) 921	7434.
Name	of Person	Area Code Dayumo	: Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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 TO ARTICLES OF ORGANIZATION OF

Venetron	ias USA LLC.
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>し</u> 1子0001ちいん	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the designation "LLC" or the abbreviation "L,L,C."
Enter new principal offices address, if applicable:	0/14
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A.
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new
Name of New Registered Agent:	NIA SS
New Registered Office Address:	<u> </u>
	Enter Florida street address
	, Florida

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

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Mariorlan Acoste.	4700 w Prospect Rd.	Add
		Suite # 103.	Remove
		Fort Landerdale FL 333	☐ Change
MGR	Arquimedes Vdrogo	4700 w Prospect Rd.	jd ,Add
		Surte # 103.	
		Fort Lauderdule FL 333	29 □ Change
			D Add
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Effective date, if other than the date of (If an effective date is listed, the date must be spe	of filing:	(o	ptional)	0 5 0 3
Note: If the date inserted in this block do	es not meet the applicable stat	it filing or more than 90 days a tutory filing requirements.	this date will not b	to 605.02 be listed a
document's effective date on the Departm	ient of State's records.			
the record specifies a delayed effect) The 90th day after the record is		ffective time, at 12:0	1 a.m. on the	earlier
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Dated 9 19	2017			
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	ture of a member or authorized rep			

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Filing Fee: \$25.00