

12/14/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H180003553373)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (305)541-3980
Fax Number : (888)772-8108

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LOCUSTON USA LLC

RECEIVED

DEC 14 2018

Certificate of Status	0
Certified Copy	0
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T. CLINE
DEC 17 2018
EXAMINEE

Electronic Filing Menu

Corporate Filing Menu

Help

(((H18000355337 3)))
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LOXUSTON USA 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 OCTOBER 2ND, 2017 and assigned Florida document number L17000203377.

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 "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:

New Registered Office Address:

Enter Florida street address

City, Florida Zip 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 Agent

Page 1 of 3

(((H18000355337 3)))

(((H18000355337 3)))

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GUSTAVO MARTINS PROENCA	5111 N UNIVERSITY DR STE 105	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FORTIPLAY CORPORATION SOCIEDAD ANONIMA	1549 NE 123RD ST	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 DEC 14 AM 8:47
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

(((H18000355337 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2018 DEC 14 AM 8:47
FBI MASSILLI DRIVE

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2019 DEC 14 AM 8:47

DATE

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER, 28

2013

Signature of a member or authorized representative of a member

GUSTAVO MARTINS PROENÇA

Typed or printed name of signee

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