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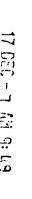
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COVER LETTER

Divisio	n of Corp	orations		
SUBJECT:	ALRA	SHID USA GROUP, LLC		
		Name of Limit	ted Liability Company	
The enclosed Ai	rticles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all	correspon	dence concerning this matter t	to the following:	
		0. 1. M.O. B		
		Stephen M. Stone, Esquire		
			Name of Person	
		Law Offices of Stephen M.	Stone	
			Firm/Company	
		725 N. Magnolia Avenue		
			Address	
		Orlando, Florida 32803		
			City/State and Zip Code	
		stephen@smstonelaw.com	•	
		E-mail address: (to	o be used for future annual report r	notification)
For further infor	mation cor	ncerning this matter, please ca	11:	
Stephen M. Stone, Esquire		407 423-7910)	
	Name of l	erson	at () Area Code Day	time Telephone Number
		0.11		
		following amount:		
■ \$25.00 Filin	ig Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

	HID USA GROUP, LLC	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L17000239651	Company were filed on November 20, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
Enter new mailing address, if applicable:		<u></u>
		ter the name of the new
registered agent and/or the new registered office add	uress nere:	
Name of New Registered Agent:	4.0	
New Registered Office Address:	Enter Florida street address	
	to amend the following: the new name of the limited liability company here: ble and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." ddress, if applicable: ST BE A STREET ADDRESS) f applicable: POST OFFICE BOX) ered agent and/or registered office address on our records, enter the name of the new registered office address here: ered Agent: ce Address:	
	City	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

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>	Address	Type of Action
AMBR	Fahad Ibrahim Khalid Al-Rashid	c/o 725 N. Magnolia Avenue	■ Add
		Orlando, Florida 32803	□ Remove
			☐ Change
			Remove
			☐ Change
			Add
			Remove
			Change
~			
			□ Remove
		-	Change
			Add
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		Novem	ber 20, 201	7					
ective date, if other than the neffective date is listed, the date mu	date of filir st be specific ar	ng:			re than 90 da	(optional) es after filing) g.) Pursuant t	to 60 5 .0)207
te: If the date inserted in this becoment's effective date on the D	ock does not	meet the ap	plicable sta	tutory filing	requiremen	ts, this date	will not be	e listed	d as
record specifies a delaye The 90th day after the rec			not an e	ffective ti	me, at 12	:01 a.m.	on the e	arlier	r of
December 5,		2017							
	A	· · 	·						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00