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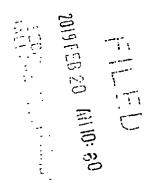
(Requ	uestor's Name)	
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I ALBRITTON

COVER LETTER

Div	ision of Corp	porations		
SUBJECT:		CHEMY LIMITED LIABILI	TY COMPANY	
SODJECT,		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		LUIS M POYATO MOLIS	NA	
			Name of Person	-
		USA GESTIONES, LLC		
			Firm/Company	
		990 BISCAYNE BLVD S	TE 701-14	
			Address	
		MIAMI, FLORIDA 33132		
		LUISMI@USAGESTIONE	City/State and Zip Code S.COM	
		E-mail address: ()	to be used for future annual report notifi-	cation)
For further in	nformation co	oncerning this matter, please ca	alt:	
LUIS M PO	YATO MOL	INA	305 965-6948	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	filing 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, F1, 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

DIVINO ALCHEMY LIMITED LIABILITY COMPANY

(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 v	vere filed on 02/27/2018	and assigned
Florida document number L18000052013		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
ALPHA SPIRIT PET FOOD USA, LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u>.</u>
	`	201
Enter new mailing address, if applicable:		09750
(Mailing address MAY BE A POST OFFICE BOX)		
		O TTI
		三三
B. If amending the registered agent and/or registered off	ice address on our records, enter t	he name of the new
registered agent and/or the new registered office address here:	:	. 60
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am fa covided for in Chapter 605, F.S. Or, i	miliar with and f this document is

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 adde or removed from our records:

MGR = N $AMBR = A$	Ianager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
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Effect	ve date, if other than the date of filing: (optional)
lf an eft Note:	ve date, if other than the date of filing:
	ent's effective date on the Department of State's records.
he red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the reco r0 is filed.
Dated	JANUARY 16TH 2019
	——————————————————————————————————————

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00