L180000061929

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Effecti ve - 04-10-18

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORID,

N COOPER. APR 0 6 2018

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: C-	8C ALL SER	ILES USA LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Oscar Alfa	edo Cardona Per Name of Person	rez
	C&C /	ALL SERVICES USA	LLC
		Time Company	
	2340n 66 t	errace	
		Address	
	Hollywood	, Florida 330	024
	Tunk E-mail address: (to	Address / Florida 330 City/State and Zip Code @ CCa//SCTVICCS be used for future annual report in	USA. COm polification)
For further information conc			
Pablo Ca	anelon	at (974) gru Area Code Day	1-2273
/ Name of Pe	erson	Area Code Day	time Telephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 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
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 ARTICLES OF ORGANIZATION **OF**

	ces usa LLC.	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) Ed Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
Florida document number <u>L 18000061929</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		3 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		PO LA
		R-5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		OF \$1, E.FLO PH 2:
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		the name of the nev
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 Agen	nt:	

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 add	<u>łed</u>
or removed from our records:					

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Pablo Cunelon	1200 tallword are #207 Hollywood florida 33021	Œ ∕\dd
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			Change
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	01/10/2010	
	te date, if other than the date of filing:	
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Filing Fee: \$25.00