118000132758

(Re	questor's Name)	
,	,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

TO:	Registration Sec Division of Cor			
CUBI	DOREME	USA LLC		
SUBJE	:C1:	Name of Lim	nited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Jorge Uribe		
			Name of Person	
			Firm/Company	
		8889 Kingsmoor Way		
			Address	
		Lake Worth, Florida, 334	467	
		8889 Kingsmoor Way		
		-		
			·	cation)
For fur	ther information co	oncerning this matter, please co	all;	
Jorge	Uribe		561 7077164 at ()	
	Name of	Person		Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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 TO ARTICLES OF ORGANIZATION **OF**

doreme USA LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on May 28th, 2018	and assigned
Florida document number L18000132758		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	18 SE
		CCRE SIONA AUG
		OF C
Enter new mailing address, if applicable:		7
Mailing address MAY BE A POST OFFICE BOX)		OR S
		- 5E
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		# 2: 19
Name of New Registered Agent:		
New Registered Office Address:		
130 W Registered Office Madress.		·
Hen registered office / radiess.	Enter Florida street address	
Hen registered office reduces.	Enter Florida street address , Florida	

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

Title	Name	Address	Type of Action
MGR 	Marzena Borkacki	8889 Kingsmoor Way, Lake Woi	= Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
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			Add
			☐ Remove
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			□ Remove
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			Change

Thank You						
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tive date, if other than the c	late of filing:		C.E.I.	(optional)	
ffective date is listed, the date must If the date inserted in this blo	ck does not meet the a	pplicable s				
nent's effective date on the Dep	partment of State's rec	cords.				
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Aaat Oth	2040					
August, 9th	. 2018	·				
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	ignature of a member o	r authorized	representative	of a member		

Page 3 of 3

Filing Fee: \$25.00