L1800014/267

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JUN 1 4 2019

TO: Registration Section Division of Corporations

Phileo USA, LLC

1.

SUBJECT: _

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Seth Z. Joseph

Seth Z. Joseph, P.A.

Name of Person

Firm/Company

255 Alhambra Circle, 1250

Address

Coral Gables, FL 33134

City/State and Zip Code

sjoseph@josephlawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following 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/COORIER ADDRESS: Registration Section Division of Corporations Clifton Building

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Phileo 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 $\frac{6.7.18}{1000}$	and assigned
Florida document number L18000141267	

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 "LLC,"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

	 200 1100	10	
		A VH 6	1
Enter new mailing address, if applicable:	 مر شور :	\sim	*********
(Mailing address MAY BE A POST OFFICE BON)	 	9	
	~•	NH	5 - 524 5 - 524
	 	-;-;	-

B. If amending the registered agent and/or registered office address on our records, enter the malne of the new registered agent and/or the new registered office address here:

New Registered Office Address:	Enter Florida street ad.	iras
-		Florida

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.

 \sim

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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u> Joel Bigio	<u>Address</u> 255 Alhambra Circle, 1250	Type of Action
M		Coral Gables, FL 33134	🖴 Add
		Cord Gables, P1, 55154	Remove
			Change
			Add
		· · · · · · · · · · · · · · · · · · ·	🗇 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 _____ U or authorized representative of a member a member Seth Z. Joseph Fyped or printed name of signce

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Filing Fee: \$25.00