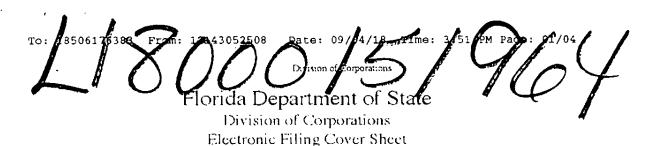
9/4/2018



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002584513)))

118-151964



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 12018000001? : (844)386-0178 Phone Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FGPS USA LLC

## 0 Certificate of Status Certified Copy 0 Page Count 04 \$25.00 Estimated Charge

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Help

To: 18506176383 From: 12143052508 Date: 09/04/18 Time: 3:51 PM Page: 02/04  $(((H18000258451\ 3)))$ 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FGPS USA LLC		
(Name of the Limited Liability Compar (A Florida Limited L.)	was it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/20/2018	and assigned
Plorida document number 1.18000151964		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
		·
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	
Setup and animal officer address if applicables		SE OF
Inter new principal offices address, if applicable:		1
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		🍝 بې
inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
<ol> <li>If amending the registered agent and/or registered of</li> </ol>		r the name of the ne
egistered agent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	Ziv Code
	City	ZW LOGE

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

To: 18506176383 From: 12143052508 Date: 09/04/18 Time: 3:51 PM Page: 03/04

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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>	Name	<u>Address</u>	Type of Action
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		OLDSMAR, FL 34677	□ Remove
			☐ Change
			Remove
		<del></del>	Change
			Remove SEP
		<u> </u>	UN REFineve
			□ Clunge
			□ Add
			Remove
			☐ Change
<del></del>		<u> </u>	
			☐ Remove

To: 18506176383 From: 12143052508 Date: 09/04/18 Time: 3:51 PM Page: 04/04

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e record specifies a delay: The 90th day after the re	ed effective cord is filed	date, but not a d.	an effective	time, at 12:0	1 a.m. on the	earlier of:
Dated August 31	_	2018				
	A CONTRACTOR OF THE PARTY OF TH					
/ Millery	Signature of	a member or authors	ed centesentativ	e of a member		

Page 3 of 3

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