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. (1	Requestors	s Name)	
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COVER LETTER

	distration Sec vision of Corp					
SUBJEÇT:		GROUP USA LLC				
		Name of Limi	ited Liability Company			
The enclosed	d Articles of A	amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		ADALBERTO PARRA				
			Name of Person			
		ADALBERTO PARRA, CPA	<i>t</i>			
			Firm/Company			
		555 NE 15TH STREET, SUITE CU-19				
			Address			
		MIAMI, FL 33132				
		aparra@parra-cpa.com	City/State and Zip Code			
		E-mail address: (t	to be used for future annual report notific	cation)		
For further in	nformation co	ncerning this matter, please ca	itl:	· ·		
ADALBER ⁻	TO PARRA		786 490-2500			
	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclosed is	a check for the	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 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

DINAMICA GROUP 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 Liab		rere filed on 09/0	7/2018	and assigned
Florida document number L18000213766	·			
. This amendment is submitted to amend the follow				
A. If amending name, enter the new name of the	he limited liabili	ty company her	<u>e</u> :	
The new name must be distinguishable and contain the work	ds "Limited Liabilit	v Company," the des	ignation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
				•
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>			.
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on	our records, enter	the name of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Floria	la street address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Regard the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change in the region of the the	agent and agrec and complete p cred agent as pr gistered office a	erformance of <mark>n</mark> ovided for in Ch	ny duties, and I am fo napter 605, F.S. Or, i	uniliar with and if 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Fernando Lopez-Barajas Sanchez- Agesta	Calle Concha Espina 25, 1C	
		18007 Granada, Spain	
			Remove
	Oscar Benitez Martinez	Calle Rauda 27	Change
MBR	Oscar Definez Martinez	Calle Nadda 27	 Add
		18008 Granada, Spain	Add
		 	☐ Remove
			Change
			Add
			Remove
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reffective d. <u>te:</u> If the c	e, if other than the ate is listed, the date mu- late inserted in this b l'fective date on the D	st be specific ar lock does not	id cannot be pri meet the appl	ior to date of fili licable statuto:	ng or more than 9 ry filing require	ments, this date) Pursuant to 605,02
record s he 90th	pecifies a delayed day after the rec	d effective ord is filed	date, but r	not an effec	tive time, at	12:01 a.m.	on the earlier
ed	September 18		. 2018) ·			
			سست				
			<u>_*</u>			:	
_		Signature of a	i'member or au	morized represe	intalive of a mem	bei	

Page 3 of 3

Filing Fee: \$25.00