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Division of Corporations

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From:

Account Name : FASTKIT CORP Account Number : 120100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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Email Address:\_\_

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMSEL USA LLC				
(Name of the Lim	(A Florida Limited	iny as it now appears on our reco Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company were filed on 10/25/2018  Florida document numberL18000250168				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the	words "Linned Liabi	hty Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		8740 NE 2ND AVENUE		
		EL PORTAL, FL 33138		
Enter new mailing address, if applicable:		8740 NE 2ND AVENUE		
(Mailing address MAY BE A POST OFFICE BOX)		EL PORTAL, FL 33138		
B. If amending the registered agent and/or agent and/or the new registered office addr.	• •	address on our records, ent	er the name of the new reg	
Name of New Registered Agent:	MARY E. PRA	DOS, CPA PA	20 .	
New Registered Office Address:	8740 NE 2ND		P 2	
		Emer Florida street odd	en i ii	
	EL PORTAL		Florida 33138	
	<del></del>	Cup	Zip Code	

## 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 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
MGRM	ARIEL BUNGE, ALEJANDRO	8740 NE 2ND AVENUE	CJAdd
		EL PORTAL, FL 33138	□Remove
		·	■Change
MGRM	PETRUCCI, PEHUEN	8740 NE 2ND AVENUE	□Add
		EL PORTAL, FL 33138	□Remove
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n effective date is i <u>te:</u> If the date i	other than the da listed, the date must be userted in this block we date on the Depar	specific and cannot be does not meet the s	e prior to date of filing applicable statutory	or more than 90 days	optional) after filing.) Pursuant to , this date will not be	o 605.020 : listed a
		ate hut not an effect	tive time, at 12:01 a	.m. on the carlier o	f. (b) The 90th day	after th

Typed or printed name of signee