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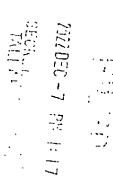
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT: OK	CS USA LL	ted Liability Company	* · · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	TEDERICE	Name of Person	COARSON
	<u>OMICS</u>	Firm/Company	C
		Address	5, BOBA RATON, FL
	BOCA PAT	ON F2 334 City/State and Zip Code	77
	THURTADO E-mail address: (1)	o be used for future annual report not	RTA DO. COM
	oncerning this matter, please ca		
FERERICO &	DATAUH CARAUL	00 at (561) 774 Area Code Daytim	-4665
Name of	f Person	Area Code Daytin	e Telephone Number
Enclosed is a check for th	ne following amount:		
划 \$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 S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Co	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OHICS USA	LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L\8</u> \times 26387		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	17046 BOCA CLUBBLY ART 6, BOCA RATON, FZ, 33487.	_ _ _
Enter new mailing address, if applicable:		_
Mailing address MAY BE A POST OFFICE BOX)	2 D C - 7	_ _
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new regist	<u>ered</u>
Name of New Registered Agent:	7	_
New Registered Office Address:		
	Enter Florida street address	
	, Florida	_
	City 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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record specifies a delayer is filed.	ed effective date, but n	ot an effective time	e, at 12:01 a.m. c	on the earlier of: (l	o) The 90	Oth day af	ter the
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