## 48000272056

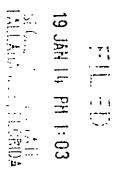
(Requestor's Name)
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(Document Number)
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## **COVER LETTER**

Div	ision of Co	porations		
SUBJECT:	TEPUY US	SA LLC		
Sobject.		Name of Lan	ited Liability Company	<del></del>
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	•	
· rease return	i un concape	JUAN C COELLO	to the following.	
		TEPUY USA LLC	Name of Person	
		4711 W HALLANDALE I	Firm Company BLVD F2	
		HALLANDALE BEACH	Address F1. 33023	
		RENEG1952@HOTMAIL.	City/State and Zip Code COM	<del></del>
		E-mail address: (	to be used for future annual report notif	ication)
For further in	nformation c	oncerning this matter, please ca	all:	
RENE GON	ZALEZ		786 915-9207	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	ne following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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



TEPUY 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 11/26/2018	and assigned
Florida document number L18000272056	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD		
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	istered office address on our records, <u>e</u> <u>dress here</u> :	nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	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 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>	<u>Address</u>	Type of Action
MGR	RENE GONZALEZ	6465 W 24 AV HIALEAH GDNS FL 33016	
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	03
Note	effective date, if other than the date of filing: 12-30-20\8 (optional)  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of se 90th day after the record is filed.
Date	d 01-09 2019
	( Fact)
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00