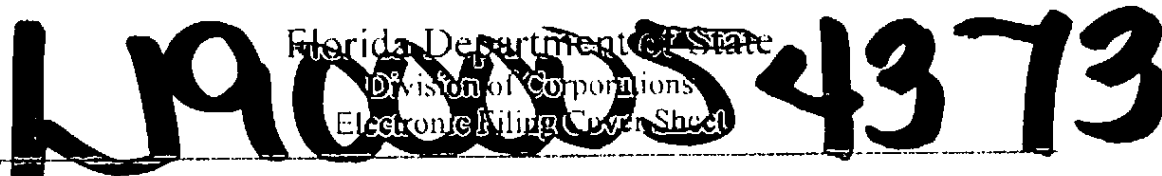


5/31/2019

Division of Corporations



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.

(((H190001742093)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (305)541-3980
Fax Number : (888)772-8108

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
HARD NORTH AMERICA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

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**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

HARD NORTH AMERICA 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 02/25/2019 and assigned Florida document number L19000054373.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

450 ALTON ROAD

APT 1810

MIAMI BEACH, FL. 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

450 ALTON ROAD

APT 1810

MIAMI BEACH, FL. 33139

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ROMAR INTERNATIONAL LLC

New Registered Office Address:

14334 BISCAYNE BLVD

Enter Florida street address

NORTH MIAMI BEACH

Florida 33181

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

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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

Title	Name	Address	Type of Action
MGR	SIMOE, OLINTO	450 ALTON ROAD	☒ Add
		APT. 1810	☐ Remove
		MIAMI BEACH, FL 33139	☐ Change
AMBR	HARTMANN, LARRI HENRIQUE	450 ALTON ROAD	☒ Add
		APT. 1810	☐ Remove
		MIAMI BEACH, FL 33139	☐ Change
AMBR	HARTMANN, LARRI HENRIQUE	TRAVESSA SAO JOSE, N.282, APT. 402	☐ Add
		BAIRRO CENTRO, JOINVILLE, BR 89201-495 BR	☒ Remove
			☐ Change
MGR	HARTMANN, LARRI HENRIQUE	TRAVESSA SAO JOSE, N.282, APT. 402	☐ Add
		BAIRRO CENTRO, JOINVILLE, BR 89201-495 BR	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2019 MAY 31 AM 9:55

APPROVED AND FILED

2019 MAY 31 AM 9:55

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D. If unending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Typed or printed name of signer

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