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COVER LETTER

Division of Corporations
SUBJECT: EUTE BROKER USA UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
FAMIR SEQUEA Name of Person
ELITE BROKER USA LIC Firm/Company
8566 NW 72nd ST
MIAMI FL 33166 City/State and Zip Code Gaministracion Q elilebro ker ser vicescorp. com E-mail address: (to be used for future annual report notification)
administracion a elitebro ker servicescorp. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TAMIR SERVEA at (786) 6317203 Name of Person Area Code Daytime Telephone Number 786 2576003
Enclosed is a check for the following amount:
\$25.00 Filing Fee Secretificate of Status Secretified Copy (additional copy is enclosed) \$25.00 Filing Fee Secretified Copy (additional copy is enclosed) \$25.00 Filing Fee Secretified 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

ELITE BROKER (Name of the Limited Liability (A Elorida)	Company as it now appears on or Limited Liability Company)	ır records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L19000196855</u>	ompany were filed on $8/6$	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designat	ion "LLC" or the abbreviati va "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		723
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registoregistered agent and/or the new registered office address.		records, enter the name of the ne
Name of New Registered Agent:		<u></u> .
New Registered Office Address:		
	Enter Florida str	eet adaress
	City	, Florida 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>	Name	Address	Type of Action
P — FAMIR SEQUEA		🗖 Add	
			□ Remove
	PABLO PLANES		■ Change
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		Remove	
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			□ Add
			□ Remove
			□ Change
<u> </u>			Add
			Remove
			□ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: o) The 90th day after the record is filed.
Dated 09 SEPTEMBER 2019.
Signature of a member or authorized representative of a member FAM SEWEA Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00