Pg

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: JELEN ACCOUNTING SERVICES, INC Account Name

Account Number : I20120000052 : (305)591-9180 Phone : (305)591-9167 Fax Number

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

Email Address:info@jelenaccounting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIBUS USA LLC

Certificate of Status	0
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1/30/20 02:40PM PST JELEN ACCOUNTING SERVICES -> Division of Corporations Pg 2/4

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIBUS USA LLC			<u></u>	
(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited L	iability Company were filed on 02.	/12/2020	and assigne	ed
Florida document number L20000042882	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liability company h	ere:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the c	lesignation "LLC" or the abbrev	iation "L.L.C.	"
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STREI				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		- :	
			1.5	1
B. If amending the registered agent and/or	registered office address on our t	ecords, enter the name o	the new re	gistere
agent and/or the new registered office addre	ess nere.		1 1 1	1
Name of New Registered Agent:	JUAN PABLO PEREZ		1 5.3	
New Brains and Office Address	10243 NW 62 ST			
New Registered Office Address:	Enter Flo	orida street address		
	DORAL	, Florida 33178		
	Ciţv		Zip Code	<u> </u>

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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II amenuing Authorized rerson(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
AMBR	KORTEZUBI INVESTMENTS S.L.	10243 NW 62 ST	□Add
		DORAL, FL 33178	□Remove
			= Change
MGR	JUAN PABLO PEREZ	10243 NW 62 ST	= Add
		DORAL, FL 33178	□Remove
			□Change
MGR	ARGUL, LUCAS	10243 NW 62 ST	□Add
		DORAL, FL 33178	
			Change
MGR	MEDINA, FERNANDO	10243 NW 62 ST	□Add
		DORAL, FL 33178	≅Remove
			□Change
			CRemove
			□Add
			□Remove

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FEI/EIN Number: 30-1224820				
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fective date, if other than the dan effective date is listed, the date must be offer. If the date inserted in this block cument's effective date on the Dep	e specific and cannot be p k does not meet the ap	plicable statutory	or more than 90 days a	otional) fler filing.) Pursuant to 605.02 this date will not be listed
ecord specifies a delayed effective of is filed.	late, but not an effecti	ve time, at 12:01 a	.m. on the earlier of	(b) The 90th day after th
NOVENIBER, 20	2020	·		
Firmand	o Medina gnature of a member or			
- Francisco A		authorized represent	ative of a member	