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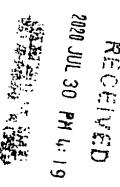
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· TO: Registration Section **Division of Corporations** CORTE ARGENTINO USA, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Irina Roth Neumann, Esq. Name of Person Roth Private Advising Law Firm/Company 78 SW 7th Street Suite 500 Address Miami, FL 33130 City/State and Zip Code irina@rothpalaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Irina Roth Neumann, Esq. Name of Person Daytime Telephone Number Enclosed is a check for the following amount:

■ \$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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

2010.00 30 AHT

CORTE ARGENTINO USA, LLC				
(Name of the Limited List (A Flor	bility Company as it no ride Limited Liability Co	ompany)	records.)	
The Articles of Organization for this Limited Liability Florida document number L20000114483	/ Company were file	ed on <u>04/29/2020</u>		and a
This amendment is submitted to amend the following:	:			and a  Cor the abbreviation  Xi e Hwy  33 480  XI e Hwy  FL 33 480
A. If amending name, enter the new name of the li	mited liability com	pany here:		
The new name must be distinguishable and contain the words "L	imited Liability Compa	ny." the designation	n "LLC" or the abb	previation "
Enter new principal offices address, if applicable:	21	107 W	Dixie }	<del>lωΣ</del>
(Principal office address MUST BE A STREET ADD	DRESS) AV	intura,	FL 33.48	<u>30 '</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- <u>21</u> _A	402 W Ventura	DIXIE H	1WY 3180
B. If amending the registered agent and/or register agent and/or the new registered office address here		on our records,	enter the nam	e of the r
Name of New Registered Agent	Eial Ka	plun		
New Registered Office Address:	21402 U	J Dixie H	wy	
		Enter Florida street		<i>334</i>
	City	<u>-</u> CQ	Florida	Zip Co

#### 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 accept the all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this debeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited lia company has been notified in writing of this change.

If Changing Registered Agent Signature of New Registered A

#### or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
AP	EIAL KAPLUN	20152 NE 19TH PL MIAMI	□Add
		FL 33179	■Remov
			□Change
AMBR	EIAL KAPLUN	20152 NE 19TH PL MIAMI	<b>∃</b> Add
		FL 33179	□Remov
AMBR	MARIANO ALVAREZ	THE REGENT 41C, COSTA DEL ESTE.	<b>=</b> Add
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