## L20000316809

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## **COVER LETTER**

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TO!

Registration Section

Division of Co	orporations	•		
	RS USA LLC			
SU <b>B</b> JECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
	TRAFICANTE, SALVAT	ORE GERARDO		
		Name of Person	*	
	TRAILERS USA LLC			
		Firm/Company		
399 CAMINO GARDENS BLVD. # 300 Address				
	BOCA RATON FLORID			
	BOCA RATON TEORID	City/State and Zip Code		
	LILIANABT26@YAHOO.	СОМ		
		to be used for future annual report notifi	ication)	
For further information	concerning this matter, please c	all:		
TRAFICANTE, SALV		561 305-4141 at ()		
Namo	of Person	Area Code 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 Sec Division of Corp The Centre of Tallahassee, FL	porations allahassee Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRAILERS USA LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company villorida document number <u>L20000316809</u> .	vere filed on 10/07/2020	and assigned	
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	ry 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)		20/19	
Enter new mailing address, if applicable:		(.)	
Mailing address MAY BE A POST OFFICE BOX)		~ ;	
Mulling address MAT BE A FOST OFFICE BOAT		යා	
		<del></del>	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	me of the new registe	
Name of New Registered Agent:			
New Registered Office Address:	Enter Floridu street address		
	Enter Floridu street address		
	, Florida _		
	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.

1 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>	Address	Type of Action
MGRM	TRAFICANTE, SALVATORE G.	399 CAMINO GARDENS BLVD. # 300	≣Add
		BOCA RATON. FLORIDA 33432	□Remove
		<del></del>	□Change
MGRM	BIANCHI, LILIANA	399 CAMINO GARDENS BLVD. # 300	□Add
		BOCA RATON. FLORIDA 33432	□Remove
		·	<b>■</b> Change
MGRM	TRAFICANTE, MARCOS A.	399 CAMINO GARDENS BLVD. # 300	
		BOCA RATON, FLORIDA 33432	□Remove
			Change
			□ Add
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Effective date, if other than the fan effective date is listed, the date mus <b>Note:</b> If the date inserted in this bl document's effective date on the D	it be specific and cannot be pock does not meet the ap	plicable statutory filing		
e record specifies a delayed effectived is filed.	e date, but not an effecti	ve time, at 12:01 a.m. or	the earlier of: (b) The 90	th day after the
Dated Nev 23	, 2020	· .		

Typed or printed name of signee