## LZ1000198804

(Requ	estor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

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## **COVER LETTER**

TO:	Registration S Division of Co			
erin re		ERPRISES USA LLC		·
SUBJEC	<u> </u>	Name of Limi	ited Liability Company	<del></del>
The encl	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		CLAUDIA M REYES		
			Name of Person	
			Firm Company	
		2400 MARINA BAY DRI	VE_EAST APT 306	
			Address	
		FORT LAUDERDALE ,FI	1. ,33312	
			City/State and Zip Code	. (1)
		E-mail address: (	to be used for future annual report not	fication) .
For furth	ner information	concerning this matter, please co	alt:	·
CLAUE	DIA M REYES			:
	Name	of Person	at () Area Code Daytim	e Telephone Number
Enclose	d is a check for	the following amount:		<u>.</u>
<b>■</b> \$25	.00 Filing Fee	S30,00 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 Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability Company as it now appears on our records.)
orida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned Florida document number <u>L21006198604</u> 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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 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>	<u>Address</u>	Type of Action
MGR	CLAUDIA M REYES	2400 MARINA BAY DRIVE EAST APT 306	
		FORT LAUDERDALE .FL.33312	\overline Remove
			□Change
MGR	ALEXANDER MORENO	2400 MARINA BAY DRIVE EAST APT 306	□Add
		FORT LAUDERDALE ,FL .33312	□Remove
			<b>■</b> Change
			□Add
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Filing Fee: \$25.00