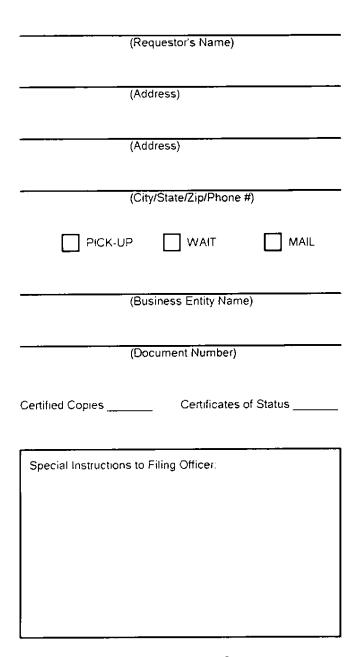
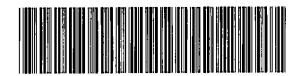
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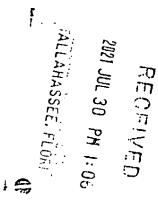


Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
	MARKETING, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	VICTOR ESPINOLA		
		Name of Person	
	USA GESTIONES LLC		
		Firm/Company	
	990 BISCAYNE BLVD. S	TE.501-16	
		Address	
	MIAMI FL 33132		
		City/State and Zip Code	
	E-mail address: (ONES.COM to be used for future annual report noti	fication)
For further information of	oncerning this matter, please co	all:	
LUIS M POYATO		305 965 6948	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
\$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 Addres Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
D () Day 422	17	The Centre of 1	Callabaccea

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

COVER LETTER

TO: Registration Section

Division of Cor	porations		
SENTECH	MARKETING, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
		to the offi	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	VICTOR ESPINOLA		
		Name of Person	
	USA GESTIONES LLC		
		Firm/Company	
	990 BISCAYNE BLVD. S	TE.501-16	
		Address	
	MIAMI FL 33132		
		City/State and Zip Code	
	EMPRESAS@USAGESTI	ONES.COM to be used for future annual report not	ification)
			meationy
For further information c	oncerning this matter, please c	uii.	
LUIS M POYATO		305 965 6948 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee \$	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Solvision of Control P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SENTECH MARKETING, LLC		
(Name of the Limited Liability (A Florida I.	Company as it now appears on our records. imited Liability Company))
The Articles of Organization for this Limited Liability Co.		and assigned
Florida document number L21000221698	<u>-</u> ·	
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 "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		he name of the new registered
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter t	He hame of the new registered
		<u> </u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
	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.

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
MGR	ANDREW SANCHEZ CASTILLO	990 BISCAYNE BLVD. STE 501-16	■Add
		MIAMI, FL 33132	□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐Change

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ctive date, if other than the effective date is listed, the date mu	st be specific and cannot be a	prior to date of filing or r	options nore than 90 days after fili	ng.) Pursuant to 605.02
If the date inserted in this biment's effective date on the D	lock does not meet the ap epartment of State's reco	plicable statutory filii rds.	ig requirements, this di	ite will not be listed
ord specifies a delayed effectiv filed.	e date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after th
JUNE 24th	2021			
		authorized representativ		
	Signature of a member or	いけかいごうかん かがかたをかがかいい	e of a member	

Filing Fee: \$25.00