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COVER LETTER

TO:

TO: Registration S Division of Co			
	PORT USA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MIGUEL ANGEL ROSA	LES SEPULVEDA	
		Name of Person	
	F & V EXPORT USA LL	C	2024 8035 SECRET
		Firm/Company	三
	1820 N CORPORATE LA	KE BLVD. SUITE 206	
		Address	
	WESTON FL 33326		
	m.rosales@fnvexport.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all;	
MIGUEL ANGEL ROS	ALES SEPULVEDA	954 3195654	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 63: Tallahassec,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F & V EXPORT USA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JULY 22, 2021 and assigned Florida document number 87-3245573 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 "L.L.C." 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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

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
AMBR	AGURYTO, HUMBERTO	150 SE 2ND AVE SUITE 206, MIAMI FL33131	□Add
			■Remove
			□Change
MGR	DAVILA. MIGUEL EDUARDO	301 NW 109 AV APT 108 MIAMI FL33172	□Add
			≣Remove
			□Change
CEO	ROSALES SEPULVEDA, MIGUE	833 SAN REMO DRIVE WESTON FL 33326	🗀 Add
			□Remove
			Change
MGR	ROSALES SEPULVEDA, MIGUE	883 SNA REMO DRIVE WESTON FL 33326	≣ ∆dd
			□Remove
			Signal Programmer (Control of Control of Con
			☐Add ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
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	it be specific and cannot be prior to date of ock does not meet the applicable state		filing.) Pursuant to 605.029
ord specifies a delayed effectiv filed.	e date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after th
AUGUST 2	, 2024		
	A True		
	Signature of a member or a morized repr	resentative of a member	