From, Luis Poyato Molina

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(((H230002456263)))



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Division of Corporations

Fax Number : (850)611-6383

From:

Account Name : USA GESTIONES, LLC

Account Number : 120230000016 : (305)965-6948 Phone

Fax Number : (305)508-6375

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SVL SECURITY SERVICES USA, LLC		
(Name of the Limited Liabilia (A Florida	ty Company as It now appears on our records Limited Liability Company)	<u>.</u> 1
The Articles of Organization for this Limited Liability C Florida document number L23000218422		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
		207
he new name must be distinguishable and contain the words "Um	ited Limbility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST RE A STREET ADDR	PESS _I	
		=======================================
		-1
Enter new mailing address, if applicable:		29
Mailing address MAY BE A POST OFFICE BON)		
3. If amending the registered agent and/or registered	l office address on our records, <u>enter t</u>	he name of the new registe
gent und/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enicy Florida street address	
	Cio:	rida

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

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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
AMBR	Taylor David Wasser	990 Biscayne Blvd. Ste. 501-16	⊟ Add
		Miami, F1, 33132	□Remove
			□∧dd
		A	□Remove
			☐ Cliange
			∐Add
			□Remove
			ClChange
			□Add
			□Петюче
			[]Change
			□Add
			Remove
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			□Remove
			□Change

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an effective date is listed, the date mus Note: If the date inserted in this blooument's effective date on the Do	epartment of State's records.		
Note: If the date inserted in this bl		ie, at 12:01 a.m. on the earl	ier of: (b) The 90th day after th
Note: If the date inserted in this blocument's effective date on the Di record specifies a delayed effective		ie, at 12:01 a.m. on the earl	ier of: (b) The 90th day after th
Note: If the date inserted in this blocument's effective date on the Domeord specifies a delayed effective d is filed.	e date, but not an effective tim	ie, at 12:01 a.m. on the earl	ier of: (b) - The 90th day after th
Note: If the date inserted in this blocument's effective date on the Domeord specifies a delayed effective d is filed.	e date, but not an effective tim	ie, at 12:01 a.m. on the earl	