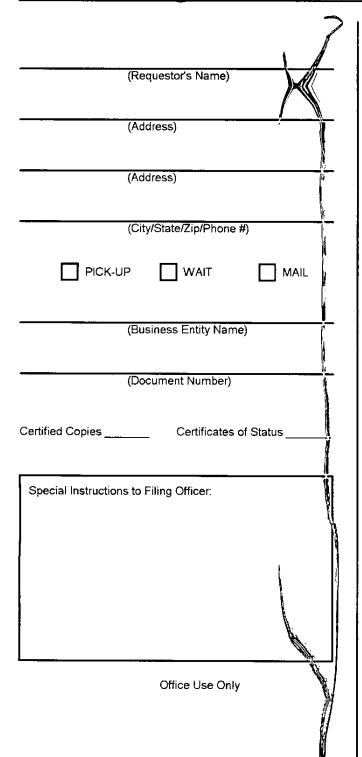
# L030000 45578





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FILED
2014 FEB 21 AM II: 05
SECRETARY OF STATE

FEB 2 4 2013 **T. HAMPTON** 

# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: JLSI	USA, LLC		
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	ited Liability Company	<del></del>
			•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alexandra M	lastriana- Solal	
		Name of Person	
	JLSI USA , I		
	4 <b>5</b> 00 N	Firm/Company	_
	1500 North	Federal Hwy #20	0
		Address	•
	Fort Lauder	dale, Florida 333	04
	alexandra@minola	City/State and Zip Code	
		to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Daniel Sield	off	<sub>at</sub> 954 336-11	33
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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)
MAN	INC ADDRESS.	STDEET/COUDIE	D ADDDESS.

### MAILING ADDRESS

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JLSI USA, LLC		-	
(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited L Florida document number <u>L0300004557</u>	iability Company were filed o	n 11/13/2003	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability compa	ay here:	
The new name must be distinguishable and end with the	words "Limited Liability Company	"the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<del></del>	
(Principal office address MUST BE A STRE)	ET ADDRESS)	ALL!	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	ASSEE	FEB 21 MI O
B. If amending the registered agent and registered agent and/or the new registered o			<del></del>
Name of New Registered Agent:	F. Ronald Mastriar	ıa	
New Registered Office Address:	1500 N Federal Hy	Ny #200 er Florida street address	,
	Fort Lauderdale	, Florida 33	304 Zip Code
New Registered Agent's Signature, if changing	, in the second		

I hereby accept the appointment as registered agent and agree o 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. The jeby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = M $AMBR = A$	Ianager Luthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
<del></del>			□ Add
			Remove
			— <b>Б2</b> Add
			AH Gemove
			21 AT ASSEED TO
			A TLOS DA
			Remove
			□ Add
			□ Remove
			Add
			Remove

'If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

-	
<del></del>	
fective date	, if other than the date of filing: (optional)
e effective date e date this doc	, if other than the date of filing:  must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ament is filed by the Florida Department of State)
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Page 3 of 3

Filing Fee: \$25.00

2014 FEB 21 AMII: 05
SECRETARY OF STATE