L09000038972

(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone	#)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	PICK-UP WAIT	MAIL
(Document Number) Certified Copies Certificates of Status		
(Document Number) Certified Copies Certificates of Status	(Rusiness Entity Name	2)
Certified Copies Certificates of Status	(Dusiness Entry Name	=)
Certified Copies Certificates of Status	(Document Number)	
	Certified Copies Certificates	of Status
2 1 1 2 2 2 2		
	Special Instructions to Filing Officer:	

Special instructions to Filing Officer:

A. LUNT

DEC 2 2 2009

EXAMINER

Office Use Only



700163707627

12/21/09-01046-003 **25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

09 DEC 21 PM 4: 26

COVER LETTER

TO:	Registration So Division of Co					
SUBJE	ECT:	Usa Internatio	nal Service Center LLC			
		Name of Lir	nited Liability Company			
The en	closed Articles of	· Amendment and fee(s) are s	ubmitted for filing.			
Please	return all correspo	ondence concerning this matt	er to the following:			
			Jorge E. Petrone			
		Usa Int	ernational Service Center LL	C		
			Firm/Company			
			6141 SW 8th Street		2009 DEC 21 PM 4: 26 SECRETARY OF STATE TALLAHASSEE, FLORID	-
			Address		EC 21 RETARY AHASSI	_
			Miami-Fl 33144		SSE SSE	ן
			City/State and Zip Code			[
		USA E-mail address:	_tax_miami@hotmail.com to be used for future annual report notifi	cation)	4: 26 STATE LORID	`
For fur	ther information of	concerning this matter, please	•	,	10 A	
		ge E. Petrone		262-8255		
	Name o	of Person	Area Code & Daytime	Telephone Number	,	
Enclose	ed is a check for t	he following amount:		į		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	Regista Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ntions nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited	Liability Compa	ervice Center ny as it now appear iability Company)	LLC.		
The Articles of Organization for this Limited Li Florida document numberL09000038		were filed on	04/22/2009	and assig	ned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :		
	N/A				
The new name must be distinguishable and end wit "L.L.C." Enter new principal offices address, if applic		ted Liability Compa	my," the designation	"LLG" or the abl	oreviation
(Principal office address MUST BE A STREET ADDRESS)		6141 SW 8th	Street	21 AR	
		Miami-FI 33144		.E.⊝. -0	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	6141 SW 8th Miami-FI 331		STATE FLORIDA	0
B. If amending the registered agent and/or the new registered of			our records, <u>enter</u>	the name of	the new
Name of New Registered Agent:	Rosa V. De	Petrone	!		
New Registered Office Address: 6141 SV		h Street			
	En	ter Florida street aa	ldress		
		Miami	, Florida _	33144	
		City		Zip Code	
New Registered Agent's Signature, if changing I	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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Lhereby 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

. MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	Name	Address	Type of Action
PD	JORGE E. PETRON	E 6141 SW 8th Street,Mia FI 3	33144 ☐ Add
MGR	ROSA V. DE PETRO	NE 6141 SW 8th Street,Mia FI	33144
		1	Add Remove
			Add Remove
			ZECKETAR ALLAHASS
	 		REMOVE Remove
D. If amen	ding any other information, e	nter change(s) here: (Attach additional sheets, i	
Dated	December 5th	, 2009	
	Signatura	of member or authorized representative of a member	·r
	Signature	Rosa V. De Petrone	•
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00