L09000085192

(Requestor's Name)	
(Address)	
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(Address)	•
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
	_
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE
TAN AMASSEE, FLORID

COVER LETTER

10.	Division of Corpo				
SUBJE	·CT·	PATRI	MONIUM LLC		
CODOL		Name of Limit	ted Liability Company		
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
			ERIC AMSALLEM		
			Name of Person		
	ERIC AMSALLEM LLC				
			Firm/Company		
		310 /	ARTHUR GODFREY RD		
			Address		
		MIAMI BEACH FL 33140 City/State and Zip Code			
		ERIC@	MYCOACHREALTY.COM		
		E-mail address: (t	to be used for future annual report notific	cation)	
For fur	ther information con	cerning this matter, please c	all:		
		AMSALLEM		985-1374	
	Name of F	Person	Area Code & Daytime	Telephone Number	
Enclose	ed is a check for the	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)	
		G ADDRESS: ion Section	STREET/COURIE Registration Section		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 09 NOV 17 AM 10: 52

PATRIMONIUM LLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(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 file	d on09/02/2009	and assigned	
Florida document numberL0	9000085192			
This amendment is submitted to amen	nd the following:			
A. If amending name, enter the new	w name of the limited liability com	pany here:		
	MFUNDS USA LLC	;		
The new name must be distinguishable a "L.L.C."	and end with the words "Limited Liabili	ty Company," the designatio	n "LLC" or the abbreviation	
Enter new principal offices address	s, if applicable:			
(Principal office address MUST BE	A STREET ADDRESS)			
Enton now mailing address if anni-	aabla.			
Enter new mailing address, if appli (Mailing address MAY BE A POST				
Muning unuress mai DE AT OST	<u> </u>			
B. If amending the registered agert and/or the new reg	gent and/or registered office addi	ress on our records, <u>ents</u>	er the name of the new	
Name of New Registered A	gent:			
New Registered Office Add	ress:			
		Enter Florida street address, Florida		
	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter	change(s) here: (Attach additional sheets, if necessary	
- -			SECRETARY
Dated	NOVEMBER 13TH ,	2009	AMID: 52 EE. FLORIDA
	Signature of a n	nember or authorized representative of a member	
		ERIC AMSALLEM Typed or printed name of signee	

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Filing Fee: \$25.00