

L14000170659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

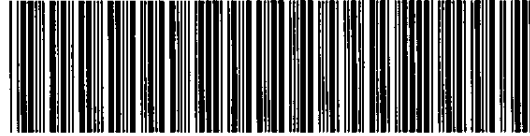
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 16 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: USAUDREY1 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PIERRE LOUIS ACHOUCH

Name of Person

USAUDREY1 LLC

Firm/Company

44 WEST FLAGLER STREET SUITE 2300

Address

MIAMI, FL 33130

City/State and Zip Code

ad@mcgintl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aline DARMOUNI

305 600 4405

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed 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)

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**

USAUDREY1 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 08/20/2014 and assigned Florida document number L14000130659.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 44 WEST FLAGLER STREET SUITE 2300
(Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33130

Enter new mailing address, if applicable: 44 WEST FLAGLER STREET SUITE 2300
(Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL 33130

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: MASSAT CONSULTING FLORIDA LLC
New Registered Office Address: 44 WEST FLAGLER STREET SUITE 2300
Enter Florida street address
MIAMI, Florida 33130
City Zip Code

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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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PSDT	ACHOUCH PIERRE SR	70 RUE JEAN DE LA FONTAINE	<input type="checkbox"/> Add
		PARIS FRANCE, FR 75016 FR	<input checked="" type="checkbox"/> Remove
MBR	ACHOUCH AUDREY MS	70 RUE JEAN DE LA FONTAINE	<input type="checkbox"/> Add
		PARIS FRANCE, FR 75016 FR	<input checked="" type="checkbox"/> Remove
MMBR	AUDREY ACHOUCH	44 WEST FLAGLER STREET	<input checked="" type="checkbox"/> Add
		SUITE 2300	<input type="checkbox"/> Remove
		MIAMI, FL 33130	
MMBR	COLLINS AVENUE	44 WEST FLAGLER STREET	<input checked="" type="checkbox"/> Add
		SUITE 2300	<input type="checkbox"/> Remove
		MIAMI, FL 33130	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

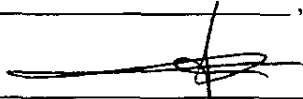
COLLINS AVENUE is a french Corporation. The president of this

corporation is Pierre Louis ACHOUCH.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated DECEMBER 29th, 2014



Signature of a member or authorized representative of a member

PIERRE LOUIS ACHOUCH FOR COLLINS AVENUE

Typed or printed name of signee

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Filing Fee: \$25.00

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