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A. LUNT

FEB - 6 2009

**EXAMINER** 



400142877484

02/05/09--01031--002 \*\*60.00



## **COVER LETTER**

TO: Registration Se Division of Cor		
SUBJECT:	(Name of Limited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	2009
Please return all correspon	ondence concerning this matter to the following:	田町
	Adele Epicoco (Name of Person)	8-5 PH
	COM USA LLC (Firm/Company)	5.5
·	4100 NE 22 Avenue #106 (Address)	
	Miani, Florida 33137	-
Addle E	concerning this matter, please call:  Alico Co  at 35, 573-250  (Area Code & Daytime Telephone Number)	-
Enclosed is a check for th	the following amount:	
□ \$25.00 Filing Fee	Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)	tatus &
	•	

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

CDM US	SA LUC	
(Name of the Limited Liability (A Florida	Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	Company were filed on	2   2002 and assigned
Florida document number LOZO 00 281	\$6	F. 199
This amendment is submitted to amend the following:		EB-5 P
A. If amending name, enter the new name of the lim	ited liability company here:	
		33
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	- 100	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	(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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Address Type of Action <u>Name</u> Add.,
Remarke 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00