

LD3000003189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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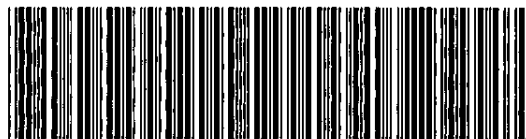
Special Instructions to Filing Officer:

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MAR 12 2009

EXAMINER

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09 MAR 11 AM 8:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HFS-USA RETAIL, 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:

Janice Null

(Name of Person)

Incorp Services, Inc.

(Firm/Company)

375 N. Stephanie St., Suite 1411

(Address)

Henderson, NV 89014-8909

(City/State and Zip Code)

For further information concerning this matter, please call:

Janice Null for Incorp Services, Inc.

(Name of Person)

at (702) 866-2500 ext. 2027

(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**

HFS-USA RETAIL, 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 01/27/2003 and assigned
Florida document number L03000003189.

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:

(Principal office address MUST BE A STREET ADDRESS)

~~11243 Distribution Avenue East~~

~~Jacksonville, FL 32256~~

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~11243 Distribution Avenue East~~

~~Jacksonville, FL 32256~~

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:

Incorp Services, Inc.

New Registered Office Address:

17888 67th Court North

(Enter Florida street address)

Loxahatchee

Florida 33470

(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.

Janice Sull on behalf of Incorp Services, Inc.
(If Changing Registered Agent, Signature of New Registered Agent)

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FLORIDA


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

Title	Name	Address	Type of Action
MGR	CROWDER, BARRY	3180 SOUTH FALKENBERG ROAD TAMPA FL 33569	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Chamberland, Marc J.	<div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">MSC</div> 500 FAIRWAY DRIVE SUITE 101 DEERFIELD BEACH FL 33441 3180 SOUTH FALKENBERG ROAD TAMPA FL 33569	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated MARCH 3, 2009.


 Signature of a member or authorized representative of a member
MARC J. CHAMBERLAND, P.A.
 Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA