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10/02/08--01015--005 **25.

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T. HAMF OCT -'

COVER LETTER

SUBJECT: USPA, LLC (Name of Limited Liability Company)	
(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:	
Dimitry Manasov	
(Name of Person)	
USPA, LLC	
(Firm/Company)	
2835 Hollywood Blvd., Second Floor	
(Address)	
Hollywood, FL 33020	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Gary W. Pollack, Esq. at (305) 373-9676	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	sed)

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

USPA, L.L.C.	,			
(Name of the Limited	l Liability Company as it n A Florida Limited Liability C	ow appears on our records.) Company)	,- <u>,-</u>	
The Articles of Organization for this Limited L Florida document number L06000025124	iability Company were file	ed on March 9, 2006	and assigned	
This amendment is submitted to amend the following	lowing:		,	
A. If amending name, <u>enter the new name o</u>	f the limited liability com	npany here:		
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liabil	lity Company," the designation "Ll	LC" or the abbreviatio	
Enter new principal offices address, if applic	cable:	T _A s	7(00	
(Principal office address MUST BE A STREE	ET ADDRESS)	L AH		
		TAR ASS		
Enter new mailing address, if applicable:		Y OF Y OF	2 7	
(Mailing address MAY BE A POST OFFICE	BOX)	LON ON O	= 0	
			21	
B. If amending the registered agent and registered agent and/or the new registered o		ress on our records, enter th	e name of the nev	
Name of New Registered Agent:	Gary W. Pollack, Esq.		·····	
New Registered Office Address:	SunTrust International Center, Suite 1260, One SE Third Ave			
		(Enter Florida street add	•	
	Miami (City)	, Florida <u>331</u>	31 (Zip Code)	
New Degistered Agent's Signature if sharping	•		(Dip 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, hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

H' 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>	Name	Address	Type of Action
MGR	ZITSBANK, MARAT	2835 Hollywood Blvd., Second Floor Hollywood, FL 33020	Add Remove
	<u></u>		Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Domorio
_	g any other information, enter change ition to removing Mr. Zitsbank,	(s) here: (Attach additional sheets, if necess	
		m MGR to MGRM, as he is a Managing Me	
		SECRE AK TAUL AHASS	7000 OC
Dated Septemb	Millet	FE. FLORIDA	N
	_	or authorized representative of a member	
	Gary W. Pollack, Esq. Typed o	or printed name of signee	

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Filing Fee: \$25.00