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SECRETARY OF STATE ALLAHASSEE, FLORING

## **COVER LETTER**

Division of Corp				
SUBJECT:	KREOW "	USA LLE		
	Name of Limi	ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	UlRich	PET2012		
Division of Corporations  SUBJECT:  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:  UlRich Petzolo  Name of Person  APORE DISTRIBUTION  Firm/Company  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS				
SUBJECT:  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:  URICH PETZOND  Name of Person  Address  Firm/Company  GSSS B. Scarre bloo, 472 Floor  Address  Firm/Company  City/State and Zip Code  book sceping @ Q. Port - System. way  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  U\2: CHETZOND  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{S55.00 Filing Fee} \text{Certificate of Status}		<i>ــر</i> د		
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  URICH PETZOLD  Name of Person  APORE DISTRIBUTION  Firm/Company  SSS BISCAMAR BLUE, LICE  Firm/Company  Address  MIRMIT, FL 33137  City/State and Zip Code  BOXXERPING P QPORT SYSTEM. UNT  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:				
	6555 B	iscourse blue,	4th Floor	
Address  Mr. Ami, FL 33137				
	Mrami,	FL 33137		
		City/State and Zip Code		
	E-mail address: (t	o be used for future annual report no	tification)	
For further information co	ncerning this matter, please ca	all:		
Ulei cu	PETZOID	at (305 351-	1025	
Name of	Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee			□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

### MAILING ADDRESS:

\* 1

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

• • •	USA LL Liability Company	as it now appears on our solity Company)	records.)		
The Articles of Organization for this Limited Lial	bility Company we			and a	ssigned
This amendment is submitted to amend the follow	ving:				
A. If amending name, <u>enter the new name of t</u>	<u>he limited liabilit</u>	y company here:			
EUROPEAN ARO	これ・ナモヒナロ	RAL LIGH	+126	نار	,
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the designation	"LLC" or the	abbreviation "	L.L.C."
Enter new principal offices address, if applical	ole:				<u></u>
(Principal office address MUST BE A STREET	ADDRESS)			**************************************	<u> </u>
	_		<del></del> -	SEE	<u>:</u>
Enter new mailing address, if applicable:	_			AHASSI	
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>				_m_:
	-			() () () () ()	
B. If amending the registered agent and/or registered agent and/or the new registered offi		e address on our re	cords, <u>ente</u>	r the name	e of the new
Name of New Registered Agent:	APURE	Distribut	ن صر كر	.c	
New Registered Office Address:	555 <del>5</del>	Biscompe	blve	445	Floor
		Enter Florida street			
		poper.	_, Florida _	331	37
		City		Zip Cod	e

#### 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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cument's effective date on t	he Department	of State's reco	rds.				
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