L01000038614

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
.

Office Use Only



900119780889

03/12/08--01015--003 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE
MAR 1 3 2008

EXAMINER

COVER LETTER

TO:		istration : sion of C	Section orporations		
SUBJE	CT:	UNIVE	RSAL CARDS EXPRES	S, LLC	
	•		(Name of Lin	nited Liability Company)	
			of Amendment and fee(s) are sui	_	
			BENJAMIN B. AUST		
				(Name of Person)	
			PANAR INDUSTRIE	S CORP	
				(Firm/Company)	
			15421 WEST DIXIE	HWY, BAY 16	
				(Address)	·
			NORTH MIAMI BEA	ACH, FL 33162	
			100111111111111111111111111111111111111	(City/State and Zip Code)	
For furt	her in	formation	concerning this matter, please	call:	
			,		/ Pro to
BENJ	AMI	N AUS	TIN	at (786) 488-5100	2008 (
		(Nam	e of Person)	(Area Code & Daytime	Telephone Number)
					SSR Z
Enclose	d is a	check for	the following amount:		
\$2 5.	00 Fil	ing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
			LING ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
	and as	signed	I
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
US MINTS COMPANY, LLC			
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" "L.L.C."	or the	abbrev	viation
B. If amending the registered agent and/or registered office address on our records, enter the i	<u>iáme (</u>	of, the	new
registered agent and/or the new registered office address here:		îÚ	
	200	HAR	EALER TO
	S		A COMPLETE
Name of New Registered Agent:	1-<	2	Ē
£4.	OF S	<u> </u>	7 172
New Registered Office Address: (Enter Florida street address		Ö	**************************************
	Lui L	2	
$\widetilde{\omega}_0$			
Florida, Florida		da)	
Florida, Florida	Zip Cod	uej	
Florida, Florida	Zip Co	uej	

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 **Title** <u>Name</u> <u>Address</u> Type of Action **4581 NORTH UNIVERSITY DRIVE** MGR... **BENJAMIN B. AUSTIN** ☐ Add LAUDERHILL FL 33351 Remove **BENJAMIN B. AUSTIN** MGR 15421 W. DIXIE HWY, BAY 16 **✓** Add NORTH MIAMI BCH, FL 33162 Remove **MGRM** MGRM NANCY P. GABRIEL 4581 NORTH UNIVERSITY DRIVE Add Remove LAUDERHILL FL 33351 \neg Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. Dated MARCH 09 2008

> Typed or printed name of signee Page 2 of 2

BENJAMIN B. AUSTIN

nber or authorized representative of a member

Filing Fee: \$25.00