

Division of Corporations Electronic Filing Cover Sheet

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(((H12000104034 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNTANT & MANAGEMENT INC

Account Number : I20110000070

Phone

Fax Number

: (305)541-3980 : (305)541-7033

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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ALC AMND/RESTATE/CORRECT OR M/MG RESIGN

U.S, CALIFORNIA L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

C. LEWIS

APR 1 9 2012

EXAMINER

« COVER LETTER 4120001040343 TO: Registration Section Division of Corporations U.S. CALIFORNIA L.L.C. 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: **OLIVIA MEDINA** Name of Person ACCOUNTANT & MANAGEMENT Firm/Company 1549 NE 123RD ST Address NORTH MIAMI, FL 33161 City/State and Zip Code INFO@SOLUTIONSBYACCOUNTANTS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OLIVIA MEDINA Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: 1\$60.00 Filing Fee, \$55.00 Filing Fee & \$30.00 Filing Fee & **525.00** Filing Fee

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

120001040343 LES OF AMENDMENT

FILED

ARTICLES OF ORGANIZATION 12 APR 18 AM 8: 14

OF SECRETARY OF STATE TALLAHASSEE, FLORIDA

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New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agrue 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

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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>	<u>Name</u>	MARLENE	Address	Type of Action
MGR	REINO,ALM	MARLENE ANZA, MARLE	2575 SW 67TH AVE MIAMI FL 33155 US	Add Remove
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D. If amend	ling any other info	rmation, enter change(s) here: (Attach additional sheets, if nec	essary.)
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Dated	04/18	, 201	2 Johns James	AM 8: 14 OF STATE E, FLORIDA
		Signature of a member of	authorized representative of a member	
			RGE SARUE	
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Filing Fee: \$25.00

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