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2009 HAY 22 AH II: 12 SECRETARY OF STATE

M. THOMAS

MAY 2 6 2009

EXAMINER

COVER LETTER)

TO:	Registration Se Division of Cor						
SUBJE	CCT:		HISING E.C, LLC	2			
		Name of Limi	ted Liability Company				
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
			PATRICK MOYAL				
Name of Person							
MOYAL ACCOUNTING SERVICES INC							
	Firm/Company						
10796 PINES BLVD SUITE 204 Address							
						7A S	
	PEMBROKE PINES, FLORIDA 33026 City/State and Zip Code				ECR BH	77	
					HE Z		
		MOYALA	CCOUNTING@GM/	AIL.COM		2 SSE	
			to be used for future annual re	port notification	ı)	E P S	Name of Street
For fur	ther information o	oncerning this matter, please of	eall:			2009 HAY 22 AH 11: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	PAT	RICK MOYAL	at (954)	430-	-3930	2 10 A	
	Name o		Area Code	& Daytime Tele			
Enclos	ed is a check for th	ne following amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	_	Certified	e of Status &	

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

US FRAI	NCHISING E,C LL	C	
(Name of the Limited Liability (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability (Company were filed on	08/17/2007	and assigned
Florida document numberL07000084599	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)	***	SEDRE
	 	<u> </u>	
			22 ASSE
Enter new mailing address, if applicable:	·		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
			三百 2
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ei	nter Florida street add	ress
	City	, Florida	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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

MGRM = Managing Member

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:

Title <u>Name</u> <u>Address</u> Type of Action MGR GROUPE FL FINANCE SAL 1113 CAULAINCOURT PARIS, FR 75018 ☐ Add

☑ Remove Add Remove □ Add Remove Add Remove Remove MAdd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **MAY 15** Dated Signature of a member or authorized representative of a member FRANTZ LALLEMENT Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00