Florida Department of State

Division of Corporations

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(((H09000256534 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

Erom:

: CSH SERVICES, LLC Account Name

Account Number : 120070000160 Phone

: (800)494-3124

Fax Number

: (561)453-9835

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

| Email | Address: | | | • | · | |
|-------|----------|--|--|---|---|--|
| | | | | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN K.R. SERVICES USA, LLC

| in a contract of the contract | <u> </u> |
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| Certificate of Status | 0 |
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Corporate HAMPTON

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DEC 1 4 2009

EXAMINER

0900025653*4* 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | SERVICES USA, LLC | | |
|--|---|---------------------------------------|-----------------------------|
| (Name of the Limited Liability (A Florida | y Company as it now app Limited Liability Compar | pears on our records. | |
| . The Articles of Organization for this Limited Liability C | Company were filed on | 12/06/2007 | und assigned |
| Florida document numberL07000121556 | · | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lim | ited liability company | <u>here</u> ; | |
| The new name must be distinguishable and end with the wo "L.L.C." | rds "Limited Liability Co | mpany," the designation | n "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | <u> </u> |
| (Principal office address MUST BE A STREET ADDI | RESS) | | 9 ≥ ∞ |
| | | | |
| Enter new mailing address, if applicable: | | | C PARY |
| (Mailing address MAY BE A POST OFFICE BOX) | | · · · · · · · · · · · · · · · · · · · | 3 7 7 |
| | | | GR ST |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | n our records, <u>enf</u> | er the name of the spices |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | - <u></u> | |
| | | (Enter Florida street | address) |
| | (City) | , Florida | (Zip Code) |
| | (949) | | Leip Cours |

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)

| If amend or Manag | ing the Managers or Managing Mem ging <u>Member being added or removed</u> | bers on our records, <u>enter the fit</u> from our records: | le, name, and address of each Manager H · 09000256534·3 |
|----------------------|---|--|--|
| MGR = N MGRM = | 1anager - Managing Member | | ., |
| Title | <u>Name</u> | Address | Type of Action |
| MGR | K.R. Exchange Services, Inc. | 11 SLONIM STREET JERUSALEM ISRAEL | Add Remove |
| | | | Add Remove |
| | 14147 | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amo | ending any other information, enter c | hange(s) here: (Attach additional s | theets, if necessary.) |
| - - - | | | SEGRETARY OF COR |
| Dated De | cember 10 , 20 | 009 . | H 10:58 |
| | Signature of a mo | ember or authorized representative of a | member |
| | Michael Elmaleh | · | |
| | T | yped or printed name of signee | |