12/08/2009 13:44 Division of Corporations



## Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AREAS USA MCO, LLC

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# ARTICLES OF AMENDMENT 09 DEC -8 AM 8: 33 TO ARTICLES OF ORGANIZATION FOR STAFE OF TALLAHASSEE, FLORIDA

AREA (Name of the Limited Liabil (A Florid	AS USA MCO, LLC lity Company as 11 hox appear: la Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	01/11/2008	_ and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company licre	<b>;</b>	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Compar	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD)	DRESS)		
`.			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	gistered office address on or ddress here:	ur records, enter the	e name of the new
Name of New Registered Agent:			
New Registered Office Address:  Enter Florida street address			SS
•	, Florida		
	City		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

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#### LH09000254203

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>	Name	Address	Type of Action
<u>VP</u>	Fernando Martinez	5301 BLUE LAGOON DRIVE SUITE 690 MIAMI EL 33126	Add Remove
<u>VP</u>	FRANCESCO BALLI	5301 BLUE LAGOON DRIVE SUITE 690 MIAMI FL 33126	Add Remove
			C== w
			=-
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessar	y.) <del></del>
			09 DEC
_			
Dated	Diana	2009	RY OF STATE
		er or authorized representative of a member	DA W
	Typo	LL by Diana Urrego as ATTY-IN-FACT	
	•	D 3 60	

Page 2 of 2

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