Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000225308 3)))



H090002253083ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AREAS USA IND, LLC

RECEIVED

99 OCT 21 PM 2: 43
SECHETARY OF STATE
ALLAHASSEE FLORINA

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25,00

T HAMPTON

OCT 2 2 2009

EXAMINER

SECRETARY OF STATE OF CORPORATIONS

H09000225308

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Areas USA IND, L	<u>LC</u>	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Co.	v appears on our records.)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
The Articles of Organization for this Limited Liability Company were filed	on 03/18/2008	and assigned
Flotida document numberL08000027879		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	any here:	
The new name must be distinguishable and end with the words "Limited Liabilit	y Company," the designation	"LLC" or the abbrevision
"L.L.C."	•	VIS VIS
Enter new principal offices address, if applicable:		9 58
(Principal office address MUST BE A STREET ADDRESS)	•	1 05
		- 02
•		2 700
Enter new mailing address, if applicable:		OR OR
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office addre	ess on our records, <u>ente</u>	r the name of the new
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	. Florida	
City	, FIOLIOS _	Zip Code
No. 10 colors and all the second		-

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

H09000225308

MGR = Manager

If amending the Managers or Managing Members on our records, <u>cater the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGRM = Managing Member Title <u>Address</u> Type of Action **Name** MARK TAITT 5301 BLUE LAGOON DRIVE SUITE 690 ☐ Add ☑ Remove MIAMIEL 33126 ∏ Add Romove ☐ Add Remove MbA 🔲 Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 21 2009 Dated Signature of a member or authorized representative of a member CEO, XAVIER RABELL, by Diana Urrego as ATTY-IN- FACT

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00