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SECRETARY OF STATE
TALL ABASSEE FLORID

J. BRYAN

SEP 2 2 2009

EXAMINER

COVER LETTER

Division of (Corporations						
SUBJECT:	USA TRAVE	EL EXPRESS, LLC					
JOBSECT	Name of Limi	Name of Limited Liability Company					
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.					
Please return all corre	espondence concerning this matter	to the following:					
		JUAN SANTAELLA					
		Name of Person					
		PASAN INVESTMENT, INC ' Firm/Company					
	2310		09 SEP 21 PM 2: 1 SECRETARY OF STAT ALLAHASSEE, FLORE				
		Address					
	T	TAMPA, FL 33604-2757					
		City/State and Zip Code					
	INFO@ E-mail address: (INFO@PASAN-SERVICES.COM E-mail address: (to be used for future annual report notification)					
For further information	on concerning this matter, please	call:					
JL	JAN SANTAELLA	at(49-2878				
Nai	me of Person	Area Code & Daytime	Celephone Number				
Enclosed is a check f	for the following amount:						
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
MAILING ADDRESS: Registration Section		STREET/COURIE Registration Section					

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



USA TRAVEL EXPRESS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Compa	ny were filed on	MAY 01, 2008	and assigned
Florida document numberL0800003		_		. <u> </u>
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited li	ability company h	ere:	
TE	LE TAMPA	EXPRESS, LLC	;	
The new name must be distinguishable and end wi "L.L.C."	th the words "Li	mited Liability Com	pany," the designation "L	.C" or the abbreviation
Enter new principal offices address, if applic	NONE			
(Principal office address MUST BE A STREE	ET ADDRESS)	·		
Enter new mailing address, if applicable:	NONE	·		
(Mailing address MAY BE A POST OFFICE				
B. If amending the registered agent and registered agent and/or the new registered o			our records, enter th	ne name of the new
Name of New Registered Agent:	NONE			
New Registered Office Address:				
		Enter Florida street address		
		, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Momber being added or removed from our records: MGR = Manager MGRM = Managing Member Title <u>Name</u> **Address** Type of Action NONE NONE NONE ☐ Add Remove ☐ Add ☐ Remove Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NONE SEPTEMBER 18 2009 Dated_ Signature of a member or authorized representative of a member

JORGE CIFUENTES (MGRM)