

Division of Corporations

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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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: (850)617-6383

Account Name

: ROTHSTEIN, ROSENFELDT, ADLER

Account Number : 072164000350

: (954)522-3456

Pax Number

: (954)527-8663

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To:

Division of Corporations

Fax Number : (950)617-6383

From:

Account Name : ROTHSTEIN, ROSENFELDT, ADLER

Account Number : 072164000350 : (954)522-3456 Phone Fax Number : (954)527-8663

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 JUN -9 PM 2:58 SECRETARY OF STATE TALLAHASSEE FLURIDA

	DUSA, LLC bility Company as it now appears on a rida Limited Liability Company)	pur records.)		
The Articles of Organization for this Limited Liabil Florida document number 10800004967		19,2008 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the C.S. USA, LLC. The new name must be distinguishable and end with the "L.L.C."		he designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable	•			
(Principal office address MUST BE A STREET A	DDRESS)	<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	/E E	Total total		
	(Enter P	(lorida street address)		
_	(City)	, Florida(Zip Code)		
Now Designated Agently Cignoture Mohanging Dagie	tavad Amenti			

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)

	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
		- 1	
-			Add Remove
·	,		= -
D. If amen 	ding any other information, enter cha	nge(s) here: (Attach additional she	pets, if necessary.)
			SECRETARY SECRETARY
Dated <u>J</u>	INE 9, 20	008 HV	PM 2: 58 FOR STATE