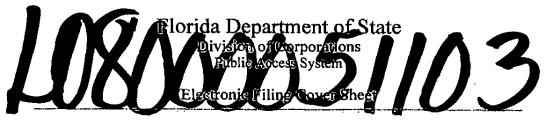
Division of Corporations

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(((H08000201984 3)))



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Division of Corporations

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From:

Account Name : J L HOFMANN & ASSOCIATES, P.A.

Account Number : I19990000022 Phone : (305)461-4400

Fax Number : (305)461-4403

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EXAMINER

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H08000201984 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	d Liability Company as it now ar A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Florida document number <u>L06000051103</u>	Liability Company were filed on	May 22, 2008 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	ndment is submitted to amend the following: ending name, enter the new name of the limited liability company here: SA, LLC lame must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation we principal offices address, if applicable: In office address MUST BE A STREET ADDRESS) We mailling address, if applicable: Address MAY BE A POST OFFICE BOX) Intending the registered agent and/or registered office address on our records, enter the name of the new diagent and/or the new registered office address here: Name of New Registered Agent: United States Registered Agents, Inc. New Registered Office Address: 329 Granello Avenue	
Series USA, LLC		
The new name must be distinguishable and end v "L.L.C."	ith the words "Limited Liability Co	
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	学術 号 *
		GP NO somman
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	<u>0.77</u> 00
	office address here:	
Name of New Registered Agent:	United States Registered Ag	gents, Inc.
New Registered Office Address:	329 Granello Avenue	
		(Enter Florida street address)
	Coral Gables	, Florida 33146
	. (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)

Page 1 of 2

MGR = Manager

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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:

	Address	Type of Action
		Add Remove
		Add Remove
	· ·	Add Remove
		Add Remove
		Add Remove
		Add Remove
g any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	08 AUG 26 PM 12: 18 SECRETABLE OF STATE TALLAHASSEE FLORID
rugust 26 , 20		PM 12: 18
		g any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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