

Jun 04 2010 12:50PM

AZRIA LAW FIRM PA

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L08000064379

Florida Department of State
Division of Corporations
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H100001275733ABC.

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From: Account Name : AZRIA LAW FIRM PA
Account Number : I20050000122
Phone : (305) 532-7350
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Email Address: sandy@azrialaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
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EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

H1 0000127573 3

SUBJECT: SUNCARD FAMILY USA, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Isabelle E. Azria, Esq.

Name of Person

AZRIA LAW FIRM, PA.

Firm/Company

407 Lincoln Road, Suite 4-L

Address

Miami Beach, FL 33139

City/State and Zip Code

isabelle@azrialaw.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
STATE

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For further information concerning this matter, please call:

Sandy Calamai

Name of Person

at (305)

532-7350

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H1 0000127573 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H100001275733

SUNCARD FAMILY USA, 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 Liability Company were filed on 07/01/2008 and assigned
Florida document number L08000064379.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SUNCARD USA, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2332 Galiano Street

2nd Floor

Coral Gables, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter 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 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

H100001275733

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

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| Title | Name | Address | Type of Action |
|-------|------|---------|----------------|
|-------|------|---------|----------------|

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|-----|----------------|--|--|
| MGR | FREDERIC DORNE | 2332 GALIANO STREET 2nd FLOOR CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
|-----|----------------|--|--|

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|-----|---------------------|--|--|
| MGR | PHILIPPE RAHALINGOM | 2332 GALIANO STREET 2nd FLOOR CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
|-----|---------------------|--|--|

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated June 1, 2010.

Signature of a member or authorized representative of a member

Isabelle E. Azria, Esq., Registered Agent

Typed or printed name of signee

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