Division of Corporations Electronic Filing Cover Sheet

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NOV 2 9 2011

To:

Division of Corporations

Fax Number : (850)617-6383

EXAMINER

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BERGEN USA LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

10/09/2029 00:53

H 1 1 0 0 0 2 7 8 7 1 0 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BERGEN USA LLC	
d Liability Company as it now appear A Florida Limited Liability Company)	s on our records.)
Liability Company were filed on SEI	PTEMBER 19,2008 and assigned
99527	
ilowing:	
of the limited liability company here	÷
ith the words "Limited Liability Compar	y," the designation 'LLC' or the abbreviation
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ET ADDRESS)	
BOX)	
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or registered office address on or office address here:	ir records, enter the name of the new
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Ente	er Florida street address
City	, Florida Zip Code
	d Liability Company as it now appear A Florida Limited Liability Company) Liability Company were filed on SEI 9527 lowing: of the limited liability company here ith the words "Limited Liability Company cable: ET ADDRESS) FOR registered office address on or ffice address here: Ente

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

H11000278710

H11000278710

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

Title	Name	Address	Type of Action
MGRM	ANTONIO C. LUCCHESI	429 LENOX AVENUE R703 MIAMI BEACH, FL 33139	Add Remove
MGRM	VERIDIANA LUCCHESI	429 LENOX AVENUE R703 MIAMI BEACH, EL 33139	Add Add Remove
MGRM	AGUINALDO RAMOS	429 LENOX AVENUE B703 MIAMI BEACH, FL 33139	✓ Add Remove
MGRM	EUNICE DO NASCIMENTO	429 LENOX AVENUE BZ03 MIAMI BEACH, FL 33139	Add Remove
			Add Remove
			Add
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if neces	isary.)
			NOV 28
Dated	Sh	of authorized representative of a member	REAL PROPERTY OF STATE SEE. FLORID.
•	V	d or printed name of signee	
	1 YDK	TO DETERMINED OF STRIKE	

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