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D. BRUCE

FEB 25 2011

**EXAMINER** 

## **COVER LETTER**

10:7	Division of Co					
SUBJE	CT•	Swisse	corp USA LLC			
SCHIE	C1		ited Liability Company			
		f Amendment and fee(s) are su	-			
Please re	eturn all corresp	ondence concerning this matte	to the following:			
		<u></u>	David M. Rogero	<u></u>		
			Name of Person			
	David M. Rogero, P.A.					
			Firm/Company			
		2625 Pc	nce de Leon Blvd., Suite 280	<del></del>		
			Address			
		Coral Gables, FL 33134				
			City/State and Zip Code	Agg =		
		E-mail address: (	mrogero@dmrpa.com to be used for future annual report notification)			
For furth	ner information	concerning this matter, please	eall:	FILE EB 24 MI GETARY OF S WHASSEE, FL		
	Da	vid M. Rogero	at (_305_) 441-0200	SEE, F STATE		
	Name	of Person	Area Code & Daytime Telephone N	Number OR TO A		
Enclose	d is a check for t	the following amount:				
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)		
	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations sox 6327 assee, FL 32314	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	:SS:		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited</u> (A	Swisscorp USA LLC Liability Company as it now appear Florida Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Lia Florida document numberL0900010^	· · · · —	01/29/2009	and assigned		
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability company her	<b>e:</b>			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "Ll	C" or the abbreviation		
Enter new principal offices address, if applica	ble:	Ā			
(Principal office address MUST BE A STREE)	(ADDRESS)				
	<del></del>	HASSEE	<del>2</del> <del>2</del> <del>-</del>		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE I	<u> </u>	CORID			
B. If amending the registered agent and/o registered agent and/or the new registered off		ur records, <u>enter th</u>	e name of the nev		
Name of New Registered Agent:	David M. Rogero, Esq.				
New Registered Office Address:	2625 Ponce de Leon Blvd.,	··			
	Enter Florida street address				
	Coral Gables	, Florida	33134		
	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 Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> Type of Action <u>Name</u> <u>Address</u> Giuseppe Coniglione MGRM 300 Aragon Avenue, Suite 370 ☐ Add Coral Gables, FL 33134 ✓ Remove ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 2011 Dated \_\_\_\_\_ Signature of a iember or authorized representative of a member Yasser Souesi, MGRM Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00