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COVER LETTER

TO: Registration Section
Division of Corporations

SURJECT: USCRA, 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:

Michelle A. Graves

Name of Person

USCRA, LLC

Firm/Company

939 Sierra Place NE

Address

Palm Bay, FL 32907

City/State and Zip Code

graves.michelle@gmail.com

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

For further information concerning this matter, please call:

Michelle Graves

321 914-3025

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USCRA, LLC		E 14
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records. orida Limited Liability Company)	35.5
The Articles of Organization for this Limited Liabi	lity Company were filed on June 3, 2013	and assigned
Florida document number L09000054211	·	0: 33
This amendment is submitted to amend the following	ng:	3.4
A. If amending name, enter the new name of th	e limited liability company here:	
Strong ARM, LLC		
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
-	, Florida	
	Citv	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>	Name	Address	Type of Action			
	 		Add			
			Remove			
			Add Add			
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D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)		
-				
-				
-				
Dated	MADLIN			
	Signature of a member or authorized representative of a member			
	Michelle A. Graves		겂	
	Typed or printed name of signee	3 5-1 2.22	=	, ;
	Page 3 of 3	第5 66 67 7日子	S. I	Caraba.
	Filing Fee: \$25.00	EET TOWNS	AH 10: 33	- I