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EXAMINER



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01/27/12-01018-003 **25.00

12 JAN 27 AM II: 36

COVER LETTER

Division of Co						
SUBJECT: FANATICOS USA LLC						
	Name of Lim	ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	oondence concerning this matte	r to the following:				
	EDUARDO PIÑA					
•		Name of Person				
FANATICOS USA LLC						
- Firm/Company						
5401 S KIRKMAN RD. # 205						
		Address	.=			
ORLANDO FL 32819						
	-	City/State and Zip Code				
	Acation)					
For further information	concerning this matter, please	•				
ED	UARDO PIÑA	at (407)	967-5771			
Name of Person		at (407) S	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

	FANATICOS	SUSA, LLC				
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appear Liability Company)	<u>s on our records.</u>)			
The Articles of Organization for this Limited L	were filed on	07/06/2009	and as	ssigned		
Florida document numberL0900006	5038					
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name of	f the limited liab	oility company her	<u>e</u> :			
	N/A		·			
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Compa	ny," the designation '	"LLC" or the	abbreviation	
Enter new principal offices address, if applied	5401 S. KIRKMAN RD # 205					
(Principal office address MUST BE A STREE	ET ADDRESS)	ORLANDO F	L 32819		<u></u>	
					<u> </u>	
Enter new mailing address, if applicable:	SAME AS AB	OVE	JAN 2			
(Mailing address MAY BE A POST OFFICE BOX)				338 7.4		
					P	
				22 5		
B. If amending the registered agent and registered agent and/or the new registered o			ur records, <u>enter</u>	the name	of the new	
registered agent and/or the new registered o	ince dadi ess noi	<u>v</u> .				
Name of New Registered Agent:	EDUARDO PIÑA					
New Registered Office Address:	5401 S KIRKMAN RD. # 205					
		Enter Florida street address				
		ORLANDO	, Florida _			
		City		Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:	<u>.</u>				
I hereby accept the appointment as registered the provisions of all statutes relative to the paccept the obligations of my position as registent filed to merely reflect a change in the company has been notified in writing of this	proper and comp istered agent as registered office	plete performance provided for in Ch 2 a ddref f]I hereby	of my duties, and I napter 608, F.S. O	ī am familia r, if this doc	ar with and cument is	

Page 1 of 2

11 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	SAID, JOSE R	3231 TIMUCUA CIRC. ORLANDO FL 32837	Add Remove
MGMR_	ZAJONC, LILIANA	3231 TIMUCUA CIR. LN ORLANDO, FL 32837	Add ☑ Remove
MGMR	MARIO CESAR PIÑA	5401 S. KIRKMAN RD # 205 ORLANDO FL 32819	Add Remove
MGMR	EDUARDO PIÑA	5401 S. KIRKMAN RD # 205 ORLANDO FL 32819	Add Remove
			Add Remove
			Add Remove
	ling any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)	_
_			-
Dated		2012 .	_
	EDVARDO VINTA	ber or authorized representative of a member bed or printed name of signee	

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Filing Fee: \$25.00