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TO: Registration Sect Division of Corpo						
USA/MEX IMAGE, LLC SUBJECT:						
SUBJECT.	Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspond	dence concerning this matter to the following:					
	Louis M. Hillman-Waller, Esq.					
	Name of Person					
Zamora & Hillman						
	Firm/Company					
	3006 Aviation Avenue, PH4C					
	Address					
	Coconut Grove, Florida 33133					
	City/State and Zip Code					
	1mhi11man@zh1aw.net E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:						
Louis M. Hillman-Waller, Esq. at (305) 860-6565 Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee	S30.00 Filing Fee & X \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

USA/MEX IMAGE, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L09000066406</u> .	oany were filed on July 9, 2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	<u>liability company here</u> :	
The new name must be distinguishable and end with the words "I" L.L.C."	Limited Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
		6 6
		₩ 表高
Enter new mailing address, if applicable:		3 37
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		<u></u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	a dduasa
	Enier Fioriaa Street	uuur ess
	, Florida	7: 0 !
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Victor E. Dogi	6538 Collins Ave., S Miami Beach, FL 3314	Ste 440 Add Al US Remove
MGRM	<u>Victor E. Dog</u> i	6538 Collins Ave., S Miami Beach, FL 3314	Ste 440 Add A1 US Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If a	mending any other informa	tion, enter change(s) here: (Attach additional sho	eets, if necessary.)
Dated _		2009	
	,	Mess	
	51;	nature of a member or authorized representative of a m Michel Salum	ICHIDEI
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00