

L090000855/4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

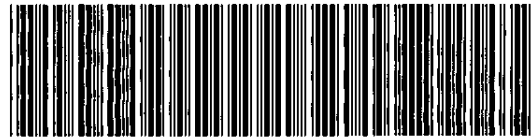
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900210816759

08/12/11--01032--005 \*\*25.00

FILED  
2011 AUG 12 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

AUG 15 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SERVIC INTERNATIONAL (USA), 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:

JOSE M. DAVIN

Name of Person

Firm/Company

C/O ERNESTO GONZALEZ CPA 2020 PONCE DE LEON BLVD, STE 1007

Address

CORAL GABLES, FL 33134

City/State and Zip Code

ubr@taxeg.com

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 AUG 12 AM 10:34

FILED

For further information concerning this matter, please call:

Ernesto Gonzalez CPA

Name of Person

at ( 305 )

444-7899

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**

**SERVIC INTERNATIONAL (USA), LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/03/2009 and assigned  
Florida document number L09000085514.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

c/o Ernesto Gonzalez CPA

2020 Ponce De Leon Blvd, Ste. 1007

Coral Gables, FL 33134

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

c/o Ernesto Gonzalez CPA

2020 Ponce De Leon Blvd, Ste. 1007

Coral Gables, FL 33134

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Jose M. Davin

New Registered Office Address:

c/o Ernesto Gonzalez CPA 2020 Ponce De Leon Blvd, Ste. 1007

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jose M. Davin	c/o Ernesto Gonzalez CPA 2020 Ponce De Leon Blvd, Ste. 1007 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Maria C. Villa Abrille	c/o Ernesto Gonzalez CPA 2020 Ponce De Leon Blvd, Ste. 1007 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

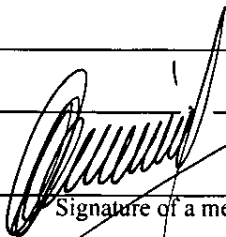
FEI/EIN Number: 68-0678848

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 AUG 12 AM 10:34

FILED

Dated



8/10/11

Signature of a member or authorized representative of a member

Jose M. Davin - MGR

Typed or printed name of signee