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## **COVER LETTER**

Division of Corporations					
SUBJECT:	4D I	MIAMI LLC			
	Name of Lim	ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	В	BRIAN D. SMITH, ESQ.			
		Name of Person			
	LAW OFFICES OF BRIAN D. SMITH				
		Firm/Company			
	420	420 LINCOLN ROAD #446			
		Address			
	MIAMI BEACH, FLA. 33139				
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	E-mail address: (	dslaw@bellsouth.net to be used for future annual report notific	gtion)		
For further information of	concerning this matter, please c	·			
BRIAN	D. SMITH, ESQ.	at ( 305 )	72-7000		
Name o	of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for t	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		STREET/COURIE			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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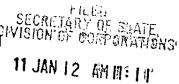
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Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF CORP

**OF** 



	4D USA LLC		
( <u>Name of the Limited L</u> (A F	iability Company as it now appea lorida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab	pility Company were filed on	11/12/2009	and assigned
Florida document numberL090001092			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with to "L.L.C."	the words "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			
Maning dualess MAT DE AT OST OF THE De	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	_	our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	ress
	City	, Florida	Zip Code
	City		2.0000

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

mending the Managers or Managing Members on our records, enter the title, name, and address of each Manager Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action **MGRM** MAURIZIO CAVALIERI ✓ Add
☐ Remove 420 LINCOLN ROAD #446 MIAMI BEACH, FLORIDA 33139 MAURIZIO CAVALIERI MGR 420 LINCOLN ROAD #446 ☐ Add ✓ Remove MIAMI BEACH, FLORIDA 33139 ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JANUARY 11** 2011 Dated \_\_\_\_\_ Signature of a member or authorized representative of a member BRIAN D. SMITH, ESQ.

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00